

in a lying-in woman, nor to herself under normal and natural conditions. Why, then, should an Obstetric Nurse be called upon to take stringent measures for the disinfection of her hands and all the appliances she requires for her duties, when a Medical Nurse in charge of a case of pneumonia or ordinary peritonitis—neither of which are infectious diseases—is not under orders to take any such antiseptic precautions?

To my mind, these are points of the highest interest as regards our portion of Nursing work, and every Nurse should have a rational understanding of them. The keynote to these apparent inconsistencies is to be found in the remarkable changes that are taking place in the muscular tissue of the uterus, which, in fact, commence as soon as parturition ends. It is one of the most wonderful properties of the uterus that it can pass into two opposite states, that, in any other organ of the body, would be associated with pathological conditions, viz., hypertrophy or atrophy, and yet remain perfectly physiological; and it is the uterus passing from the enormous development of gestation to its normal size and condition that constitutes the peculiar peril of the puerperal state—not in itself *perilous* (remember this), but rendering a parturient woman peculiarly sensitive to infectious influences *from without*.

I must again refer you to my introductory paper (No. 78 *Nursing Record*), where this matter is also alluded to, and I advise an Obstetric Nurse to give it her thoughtful attention at this period of her Nursing duties, for they are fraught with momentous issues to her patient. Through what channels is infection most likely to be conveyed in these cases? Does a lying-in woman "catch" puerperal fever as anyone else would "catch" small-pox without coming into actual contact with a person suffering from the disease? By the almost general consensus of modern Medical opinion I think we may assume that infection is more often *conveyed* to the patient through the genital track than "caught" in the ordinary use of the word, and that, in the vast majority of cases, puerperal fever can be *prevented* by wise antiseptic precautions on the part of Surgeons, Midwives (professional), and Nurses. The two first have for many years taken wise precautions in their professional duties with the most satisfactory results; but it is only within recent times that similar measures have been urged upon Midwifery Nurses; and you doubtless remember how earnestly Dr. Cullingworth emphasised this point in the instructive paper on "Obstetric Nursing" he read to us last May.

Whilst taking every precaution against danger from contagion, we must not forget that a lying-in woman may suffer seriously from infectious

domestic influences, such as defective drainage, leading to escapes of sewer gas, or impure water, even though everything has been done to guard her against *manual* contagion. No one familiar with Midwifery practice amongst the upper classes of society can fail to recall instances of this danger, even amongst patients of the most illustrious rank, dangers from which the poor are almost free, for sanitary reasons that can be well understood.

An illustration of this occurred in my own experience a few years ago. I was visiting a lady in her confinement—about the sixth day, I think it was; everything had gone well at the time. It was a lovely June afternoon when I called; the park was in its summer beauty, and I enjoyed—as only town dwellers can do—the walk up to the mansion. As I ascended the staircase and got to the first landing I encountered an evil odour that increased as I approached the lady's bedroom door. The governess was on the landing, a young lady of whom I knew something.

"There is a nasty smell here," I said to her.

"Yes; the w.c. is out of order (it was very near the lying-in bedroom); the plumbers were to have come last week, but of course it cannot be done now. The smell is dreadful at night."

There was a large window looking on to the landing; it was closed.

"Why not have that window open day and night?"

"The sash-cord is broken; we cannot keep it open. (What misery might have been saved if they could not have kept it *shut*!) These things will all be attended to when Mrs. S. leaves home. Everything came on so unexpectedly; there was no time to have them done beforehand."

I entered the spacious and beautiful bedroom. The sweet summer air was coming in from the open window; the summer sunshine filled the room with cheerfulness, and the young mother's happy face made the picture complete. Could ever evil lurk amidst these refined surroundings? There was only good news to be heard of both patients. The Nurse came out of the room with me. Again I said, "That smell is horrible."

"It is; you cannot think the trouble I have to get the servants to bring me the carbolic powder. I cannot get it myself, and I am almost out of it."

"If Mr. S. were at home," I said, "I would ask him to have one of the panes smashed in the landing-window, as you cannot keep it open. Did Mr. C. (the Surgeon, an eminent but *not* an advanced practitioner) mention this state of things to Mrs. S.?"

"No! He called this morning and said everything was going on very nicely indeed."

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