

OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

PART I.—MATERNAL.

CHAPTER VIII.—DEVIATIONS FROM NORMAL
CONVALESCENCE.*(Continued from page 3.)*

At their completion, this Course of Lectures will be published as one of the Series of "Nursing Record Text Books and Manuals."

PUERPERAL FEVER.

CALMLY consider the state of things in many a stately country home, where sewer gas is constantly escaping, unheeded and, alas! unseen, from the weak points in the net-work of drains—I can scarcely call it drainage—that intersects its basement in all directions, and can we deny that any precautions are too great to meet the evil?

My Nursing readers in our portion of work know how many of our patients of illustrious and noble birth have had their lives jeopardised, and but too often, alas! sacrificed, for the want of sound household sanitary arrangements; and the same may be said of lives equally precious in the lower social scale. Every house where a confinement is expected to take place should be sanitarily *inspected beforehand*, and every closet, drain, and sink overhauled. There is much locking of stable doors after steeds are stolen, in matters sanitary; but as *we* wish to keep *our* steed, we will bolt the thief out to begin with, and possibly save many a precious life that might otherwise have been filched. There are, doubtless, more factors in the production of puerperal fever than sewer gas, but none more frequent or more fatal than that deadly sulphuretted hydrogen gas, a veritable Frankenstein, a monster let loose upon hapless humanity that shows no favour, and feels no ruth, at his fell destruction.

My Nursing readers can well understand that a disease so formidable and fatal as puerperal fever should occupy a foremost position in the minds of Medical Practitioners. Without entering into details that are not within the scope of these unpretending papers, we may say briefly that there are two points of view from which to regard the disease—the idiopathic and the septic. With respect to the former, I think we may safely say it is not altogether in consonance with modern medical thought, though it was held with the greatest earnestness by the elder obstetricians, which naturally led to that stumbling block in the path of true medical science, that backbone of quackery, efforts at "cure." Acting upon this honest but mistaken idea, a

number of "systems" of treatment were evolved from the active brain of the physician, and Drs. A, B, C, and D had all and each some pet method of treating the disease. They were mostly of the "pole-axe" order, and amongst other drastic proceedings, calomelising and leeching were held in high repute. These heroic attempts to defy the disease were not, on the whole, crowned with that measure of success their earnest votaries were apt to credit them with, for, if patients recovered, they also died under all "systems," and the fever pest held its own. It decimated, and more than decimated, the Hospital; it desolated the home; lying-in women of all ages, all ranks and conditions of life, fell victims to it, and the disease cast its dread shadow upon lofty and lowly hearths alike.

In recent times a change came over the medical mind, and led to the very pertinent inquiry, "Why should a parturient woman have fever at all?" There is nothing in parturition *per se* to induce it, and might not the disease be more likely due to malign influences from *without* than *within*? In short, might not a lying-in woman "catch" or have fever conveyed to her as under ordinary conditions of health she might "catch" small-pox or have erysipelas conveyed to her?

The first outcome of the septic theory of the disease was an alteration of the "treatment," and immense doses of chinchona or quinine were freely administered—an improvement on the "pole-axe," but even these invaluable drugs did not wholly meet the case; they dealt with the existence of the evil, but they were not prophylaxis. The next step upon the path of the septic theory was the topical use of antiseptics, and science had made two moves in the right direction. In the first instance antiseptic remedies were applied to the patient in the form of vaginal douches, and many practitioners got "douching on the brain," to the much discomfort and worry of their patients.

Then, again, the importance of *manual* disinfection on the part of Surgeons, Medical Students, and Midwives became recognised; and this wise precautionary measure led to the beneficent result of a marked abatement of cases of puerperal fever, especially in its epidemic form. Still more recently—as my Nursing readers are aware—Obstetricians have insisted upon the extreme importance of Midwifery Nurses resorting to manual disinfection in the performance of their duties, and also disinfecting all utensils and instruments used by them. I pointed out to you in previous papers how to carry these antiseptic measures thoroughly out.

So far I have brought before the notice of my nursing readers medicinal, manual, and topical

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