

**PRACTICAL GUIDE IN
ANTISEPTIC MIDWIFERY.
IN HOSPITALS AND
PRIVATE PRACTICE**

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649528431

Practical Guide in Antiseptic Midwifery. In Hospitals and Private Practice by Henry J. Garrigues

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HENRY J. GARRIGUES

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ANTISEPTIC MIDWIFERY

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— BY —

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1886.
GEORGE S. DAVIS,
DETROIT, MICH.

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TABLE OF CONTENTS.

CHAPTER.	PAGE.
I. Introduction.....	1
Puerperal Septicæmia Due to a Poison Probably Produced by Microbes.....	1
Sources of the Poison.....	2
Nearly all Inflammatory Puerperal Diseases Prob- ably Due to Infection.....	3
Ways by which the Poison Enters.....	3
How the Poison is Carried to the Patient.....	4
Time of Infection.....	5
Susceptibility of Puerperal Women.....	5
Mortality from Puerperal Septicæmia.....	6
Epidemics.....	7
History of Antiseptic Midwifery.....	9
II. Prevention of Puerperal Infection in Maternity Hospital.....	12
III. Prevention of Puerperal Infection in Private Prac- tice.....	41
IV. Antiseptic Treatment of Puerperal Infection.....	56
V. Consideration of Special Points Relating to Anti- septic Treatment.....	71
Fresh Air.....	71
Water-closets.....	73
Laundry.....	74
Rotation of Wards.....	74
Separation of Sick and Healthy Puerperæ.....	75
Removal of the After-birth.....	78
Ergot.....	80

CHAPTER.	PAGE.
IV. Lubricants.....	81
Disinfection of the Hands, the Arms, and the whole Body.....	82
Disinfection of Instruments.....	85
Injections.....	85
Continuous Irrigation.....	97
Drainage of the Uterus.....	98
Other Antiseptic Drugs.....	98
Dressing.....	100
Poisoning.....	104
Wounds.....	110
Catheterization.....	112
Syringes.....	112
Cost of Material in Hospitals.....	113
Clinical Instruction.....	113
Relation of Antisepsis to General Practice.....	114
Influence on the Choice of Operations.....	114
VI. Antiseptic Treatment of Mastitis.....	116
VII. Antiseptic Treatment of Ophthalmia Neonatorum.....	122
VIII. Treatment of the Cord.....	126
Summary of Preventive Measures.....	127

CHAPTER I.

INTRODUCTION.

PUERPERAL SEPTICÆMIA DUE TO A POISON PROBABLY PRODUCED BY MICROBES.—The now well-ascertained fact that in almost all cases, by the local use of certain drugs, we can prevent puerperal septicæmia, and if it has made its appearance, most effectually combat it, shows that this disease is due to a poison, which enters the genitals as such, or is produced there by a substance coming in from without.

It can furthermore be looked upon as almost sure that the producers of this poison are certain microbes, microscopical fungi, which have been found on the wounds of the genital canal, in the blood circulating in the veins of the living patient, and, after death, in almost all internal organs of the great cavities, exudations, etc. The most dangerous of them seem to be the round micrococci in chain-like groups, but beside them are found single and double round micrococci, and the common rod-shaped bacteria of putrefaction. Chains of micrococci similar to those of puerperal septicæmia are found in erysipelas, scarlet fever, diphtheria, and pyæmia, and so far it has not been possible to differentiate them in these clinically different diseases.*

* See Lomer: Relations between Micro-organisms and Puerperal Fever, in *Am. Jour. Obst.*, 1884, Vol. XVII, p. 673, et

SOURCES OF THE POISON.—The poison causing puerperal septicæmia may be derived from different sources, such as patients affected with the same disease; patients suffering from suppuration or decomposition of tissue; patients with zymotic diseases; and from putrefying substances.

The contagiousness of the disease has been proved beyond a doubt by an enormous amount of evidence.

The origin from suppuration was pointed out by Semmelweis,† in 1847, and in this country the case of Dr. Rutter, of Philadelphia, who suffered from ozæna, and had 45 cases of puerperal septicæmia in his own practice, in one year, is one of the most remarkable instances of this kind.‡

Semmelweis likewise showed that the disease in most cases was due to infection brought by students engaged in autopsies. The emanations from the decaying body of a dead rat was found, some years ago, to be the cause of a small local epidemic in the New York Infant Asylum.

seq. A. H. Freeland Barbour: Pathology of the Post-partum Uterus, in *Edinburgh Med. Jour.*, Nov. and Dec., 1885, reprinted in the *New York Medical Abstract*, Dec., 1885, Vol. V, p. 446.

† Semmelweis, in *Wiener Zeitsch.*, Dec., 1847, *Schmidt's Jahrb.*, 1848, Vol. 58, p. 196.

‡ Playfair: *Science and Practice of Midwifery*, London, 1876, Vol. II, p. 314.

The rôle certain zymotic diseases, especially erysipelas, scarlet fever, diphtheria, and typhoid fever play in the production of puerperal infection, is not yet clinically settled, but there is certainly evidence enough brought forward in support of the assertion to make it a duty for the physician to use the greatest precaution in midwifery cases when he has to deal with any of these diseases.

NEARLY ALL INFLAMMATORY PUERPERAL DISEASES PROBABLY DUE TO INFECTION.—Not only septicæmia, but nearly all puerperal affections of an inflammatory character, such as cellulitis, metritis, and local peritonitis, are probably due to infection, the proof of which is, that they almost disappear, and entirely change character when the antiseptic occlusion treatment, recommended on the following pages, is used.

If no poison from without found its way into the body of the pregnant or puerperal women, none of them would be sick after delivery.

WAYS BY WHICH THE POISON ENTERS.—In the vast majority of cases the infection takes place by absorption through the wounds of the genital canal, but in my opinion it is too exclusive to say, as many do, that it is the only way. Our modern discoveries ought not to make us forget the facts observed and recorded by our predecessors. Depaul* has described

* Depaul, in *De la fièvre puerpérale*, communications à l'Académie Impériale de Médecine, Paris, 1858, p. 31.

the case of a pupil midwife in the Maternity Hospital of Paris, who, whilst washing the genitals of one of her patients suffering from grave puerperal fever, felt instantly an unpleasant sensation, was taken sick the same evening, and died on the third day "with all the symptoms of the most characteristic puerperal fever." The post-mortem corroborated the diagnosis, and she was found to be a virgin, and not in a menstrual period. Such a case may be unique, but it ought, nevertheless, to make us a little reserved in our expressions about the way the poison of puerperal septicaemia enters the system. In this case, it seems fair to admit the possibility of an absorption through the mucous membrane of the lungs, however rare this way of transmission may be, and however little it therefore ought to influence our preventive measures.

Credé* has reported that during an epidemic of puerperal fever in Leipzig, out of ten children who died of sepsis, one only had been infected through the navel. In the other nine infection seemed to have taken place through the mouth, where gangrenous aphthæ were found.

HOW THE POISON IS CARRIED TO THE PATIENT.

—Mostly, the poison is brought into direct contact with the genitals by the hands of doctors, midwives, or nurses, by instruments, sponges, rags, oakum, cot-

* C. S. Credé, in *Archiv für Gynäkologie*, 1884, Vol. xxiii; No. 1, p. 77.