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Cleanliness in Maternities

BY JOSEPH PRICE, M. D.,

PHYSICIAN TO THE PRESTON RETREAT, PHILADELPHIA.



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There was a time when the abolishment of maternities was seriously considered, owing to the ghastly death-rate, and the reason of the general mortality was not appreciated. Now we are come upon an era of cleanliness, and the recoveries from child-bed are about taken for granted, barring complications entirely apart from a sanitary consideration. Not a great while ago there was an epidemic of typhoid fever in one of our great Eastern colleges. The students were prostrated in such numbers that the institution was closed. Those who were not sick or dead went home, while those who were brave enough to stay were daily treated to addresses, and listened to prayers upon the inscrutable providence of God. But after a while a sanitary investigation was made and a reeking sewer-pipe, emptying its filth and poisoning all within its reach, was found and repaired, the premises were disinfected and the visitation of Providence ceased. This is about the light in which puerperal fever was not long ago considered. We now

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know that in a majority of cases, especially in maternities, and illy drained and plumbed houses, it is due either to dirt or a poisonous miasm, deadly in the extreme or so attenuated as to produce annoying if not dangerous symptoms.

It is not my intention, in this paper, to discuss the etiology or the treatment of puerperal fever, but rather to give, from my own observation and practice, what I consider essential to the avoidance of child-bed mortality and complications. First of all, the water-closets and bath-rooms should be entirely outside of the maternity proper. In even the most poorly ventilated houses, I have noticed an absence of all puerperal complications when there was no closet in the house, even where the other sanitary arrangements were most ordinary. I thus concluded that the water-closet or imperfect plumbing was responsible for a great deal of the annoying and dangerous complications noticed in the maternity of which I have charge. The directors of the Retreat accordingly had the closets and bath-rooms put outside the lying-in wards and separated from them by wide halls, through which a current of fresh air is constantly passing. The pipes in the closets are all set out from the walls eight inches, the bath tubs likewise; and all that is in any way likely to hold or retain dirt is rigidly excluded, even from these. The result was that the temperature charts of all the patients showed a lowering of their record, and a fever which was put down as due to the coming of the milk was shown to be avoidable by this improvement in the sanitary surroundings.

Of course all this must be prefaced by scrupulous cleanliness within the wards. In the first place, no bed or mattress is used a second time without refilling. Each ward, after it has been occupied about two weeks, is emptied and scrubbed twice, and allowed to air for two or more weeks, after which time it again comes into use. The wards are all treated thus in order. The patients on being introduced into the house are all given a thorough bath, their clothes are changed and they are not allowed to wear anything from the outside or to keep it within the maternity proper. On being brought into the delivery room, after having been again bathed, they are given a vaginal douche of bichloride, and are delivered antiseptically at every stage. Nothing ever comes into the delivery room that does not belong there; neither is anything allowed to be taken therefrom. After delivery the woman is removed to the ward. For napkins I use corrosive jute covered with corrosive cheese cloth. They are made for the Retreat in quantity, and are a great convenience, insuring entire cleanliness, and obviating the necessity of washing linen or cotton napkins. These are used the first three days and are frequently renewed, especially immediately after delivery. The greatest attention is given to the linen of the patients and of their beds. No spot or stain is allowed, and when a garment is spotted or stained in the least it is removed. Clothing so removed is collected outside the ward in one of the free passages, where air is circulating constantly, and the basket for this purpose is emptied regularly every two

hours by a laundry attaché whose business it is to look after this part of the work.

I shall make a still farther improvement in this respect as soon as the arrangements can be perfected, so that the collection of soiled linen shall be entirely without the building.

So far as the wards are concerned, they are ventilated by central passages at right angles having free communication with the outside air. In addition to this, each ward on one side has direct communication with one of the outside porches, enclosed simply by window walls for the admission of light and air. The laundry and all its appurtenances are outside of the maternity. The only defective regulation is that of the culinary department. This unfortunately is within the building. It should be either on the top floor or entirely outside, which is far preferable. These are the main points which I feel justified in referring to as connected with the results in the maternity within the last three years. There have been about 500 deliveries with no deaths of the mother and with a mortality of none in infants.

In private obstetrical practice, where a mixed population is absent, some of the details of the extreme measures for protection from dirt are, of course, not needed. Nevertheless, the general practitioner, if he would have a clear record and a clear conscience, must adopt a system of general cleanliness, which he must practice in a routine fashion, in order to avoid sooner or later a fatality where he will least expect it. He must see

that the arrangement of the lying-in bed is not completed with dirty sheets, which soiling is supposed not to hurt, that no old carpets or table oil-cloths are used to protect the bed and that the patient has had no preceding vaginal irritative discharge ; or if she has had, he should take measures to render it harmless, both for the mother's sake and for that of the infant. In these days any physician who allows a child to be born with a purulent ophthalmitis is directly responsible for it, simply because with the proper precautions this can be avoided. A scrupulous observance of cleanliness in his own person, a change of garments and a bath after the handling of doubtful cases or of dangerous cases of fever or of sepsis before entering the lying-in room, will take away the chance of poisoning the lying-in woman and render ridiculous the custom still in vogue, by which a physician, when he has poisoned a series of women, seeks to escape the danger of further malfesance by taking a vacation, instead of going to a Turkish bath and leaving his filth behind him and coming out a clean man.

The obstetrician who goes to an obstetric case without clean hands, clean finger-nails, clean linen and clean clothes runs just as much risk as the physician who recklessly prescribes a dangerous medicine and allows his patient to take it *ad libitum*.

The whole obstetric procedure has, for its first element of success, cleanliness ; for its second element, cleanliness, and cleanliness for its every element—cleanliness of the patient, cleanliness of the physician, cleanli-

ness of the nurse, cleanliness of the instruments when they are used and cleanliness in the after attention.

A final word in reference to the changing of napkins. These, during the first three days after delivery, should be changed every hour and burned. Soft, clean old linen should be employed, and due attention should be given to protect, by napkin or pad, the bed clothing which, of course, is usually not so abundant in the ordinary private house as in the specially equipped hospital.