

The old village postman greeted her kindly, he had known her all her life. 'Well, well Miss, and how is the young gentleman? A rare fine gentleman he be, will he not be wanting you back?' he said.

Was Tom wanting her back? What if he met someone he liked better, and anyhow she had not treated him well. What should she do if he no longer wanted her? 'Oh Tom, my darling, how can I be happy without you' she cried. India and snakes and mosquitoes and black people—but with Tom what did anything matter.

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Tom Dare sat in his shirt sleeves on his Indian verandah smoking a cigar and reading a daily paper. A clip-clap of sandals made him look up. A telegraph peon stood on the steps of the verandah and handed him a saffron-coloured envelope. Tom tore it open hastily with some misgiving. The message was brief, but a light sprang in his eyes as he read it—'I am coming home—sailing S. S. "Morcana". Hilary.'

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### RECENT FINDINGS IN CASES OF PUERPERAL SEPSIS

BY

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For more years than one cares to count has research into the causes of Puerperal sepsis been carried out, and a great deal of time and money has been spent on the separation and cultivation of bacteria from the uterine discharges of patients suffering from sapræmia and septicæmia, the making of special and of autogenous vaccines and many other elaborate and costly methods of treatment. With what results? Statistics prove year by year that although the infantile mortality can be reduced the maternal mortality and morbidity do not lessen in the slightest degree. The theory has been put forward several times by Prof. McCarrison in India, and a dietician in England that lack of vitamins is an important factor in causes of sepsis. Acting on the above theory, the medical staff of the Government Hospital for Women and Children decided to test the value of vitamins on cases of puerperal sepsis.

In Madras city sepsis arises in a fairly large number of cases in which one can assign no apparent reason whatever. It is quite understandable that septic conditions will develop in women who have been treated by a barber-midwife, or one who is suffering from severe anæmia or other intercurrent disease, or one who has had many vaginal examinations, or come into hospital after the rupture of membranes,

but it also occurs in women who have had ante-natal care, are clean personally, and who have been delivered under the most careful and aseptic conditions. Obviously in such cases we must look for other than dirt and carelessness to solve the problem, and a study of the charts and histories of cases given below will show that undoubtedly lack of vitamin content does lower the power of resistance of patients. The treatment of Puerperal sepsis by 'Super D' Cod liver oil has been carried out in this hospital for the past 6 or 7 months, and the charts printed opposite are true copies of some of the first cases so treated. It will be noticed that a diminution of the fever commences after the oil has been administered for 2 or 3 days. This new and very effectual method of treatment is a great saving of money because very few injections are needed, and Super D Cod liver oil is comparatively cheap. There is a saving of labour and time on the nurse's part, and what is far more important, a saving of pain and disturbance for the patient. In the majority of cases only vaginal douches, and possibly an initial dose given on admission, of Antistreptococcic serum, are necessary in addition to the Cod liver oil, given in dr. ii doses three times a day, and other ordinary nursing care.

It must not be taken for granted that every case will respond to treatment, but speaking generally, I do not doubt that as far as Madras city is concerned the lack of Vitamins A and D in the foodstuffs of the poorer classes of people is responsible for many of the cases of Puerperal sepsis which occur. In other parts of India, this theory may not be applicable, as the staple foods of different districts may not be lacking in Vitamins to so great an extent. In Malabar for instance few cases of Puerperal sepsis arise, even although it is the custom for women to bathe in open tanks, of polluted water in fact at certain seasons, within a few hours after the delivery of a child. The reason may well be that the foods contains more Vitamins since Malabar is a much more fertile country than Madras.

*Case No. 1*

Name: Vaduvambal—age 20—Hindu—1st pregnancy.

Date of admission: 1-3-32. Date of delivery: 2-3-32.

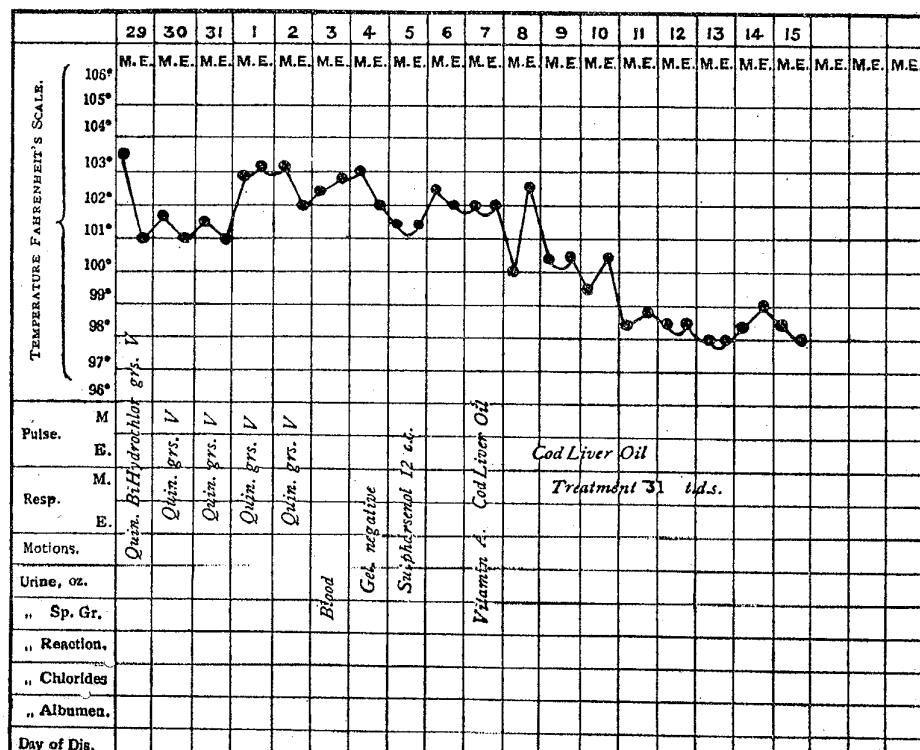
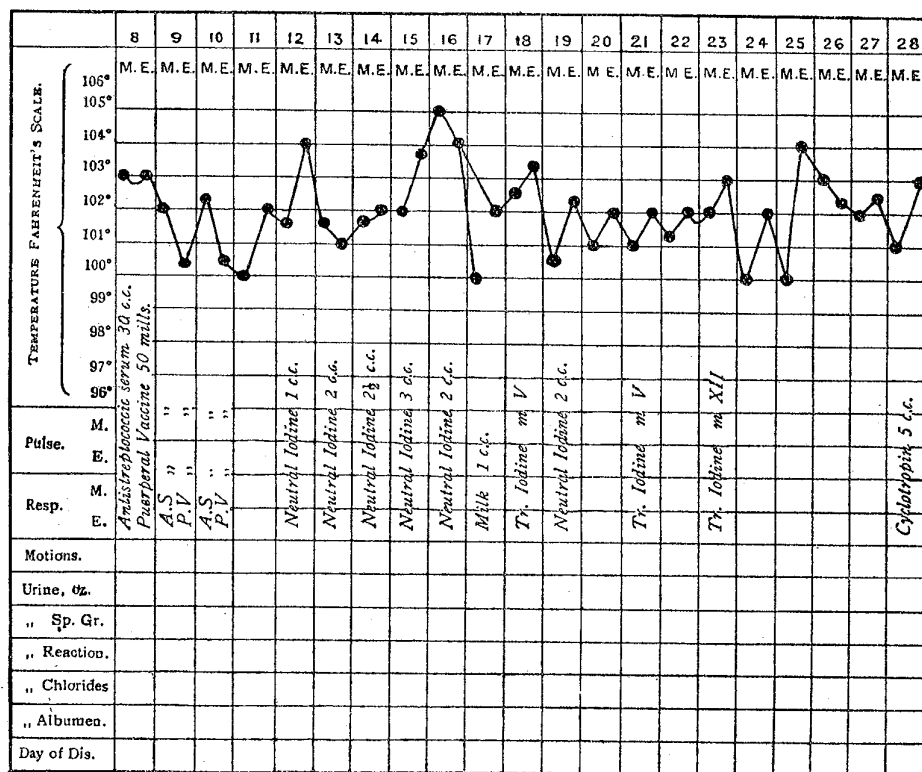
Genl. Condition. Not anæmic. Oedema of legs present.

Heart and Lungs: Nil abnormal.

4-3-32. Uterus involuting. Lochia red. Baby doing well.  
(Premature).

8-3-32. Pt. has rise of temp.—Uterus involuting—Lochia offensive. Head of bed raised.

## Disease



105. Started on Vitamin A in shape of Adexolin capsules, 1 t. d. s. on the 7th. Temperature came to normal on 9th. As the supply of Adexolin was exhausted nothing was given on 9th and 10th and temperature went up again to 105. Started on Cod liver oil on 11th. Temperature normal on 12th and has remained low since.

Patient is doing quite well and is having Iron and Arsenic in addition.

#### Case No. 3

Name : Chellama—age 20—1st pregnancy.

Date of admission : 8-4-32.

Condition on admission : A primi in labour since 3 a.m. on 3-4-32. Membranes ruptured at 3 a.m.—handled by a barber midwife and given up as hopeless. Admitted 7 p.m. in a very exhausted condition. P. 124 sweating, tongue dry and coated, both labia swollen and bruised, and abraded, uterus acting strongly. Position ROA.

Axis traction forceps applied and a still born female child extracted. Patient removed to septic block on 9th.

10-4-32. P. V. Vagina and cervix badly lacerated and bruised. Stitches not taking. Foul discharge. Temperature 103. Daily injection of A. S. S. 40 c.c. for 3 days. No improvement in temperature. Neutral Iodine injections 1-3 c.c. for the next 5 days. Wounds cleaner. Sloughs coming away from vagina.

Discharge still foul and contains pus.

Started on Cod liver oil Vitamin A on 15th since when temperature ceased to rise and has gradually come down to normal on 20th.

Treatment since 15th has been Saline douches 4th hourly. Ergotone 1 c.c. daily and Cod liver oil. Condition generally is good.

#### Case No. 4

Name : Saradambal—age 22—Hindu—1st pregnancy.

Date of admission : 9-4-32.

Condition on admission : Admitted in a semi-conscious state, having had 6 fits (eclamptic) at home. B.P. on admission, 126 systolic, 100 diastolic. Pt. having fits still. Membranes ruptured 8 P.M. At 9-15 P.M. A.T. forceps applied and a deeply asphyxiated female child extracted and revived. L.P. 2 sutures.

12th. T. 102.8 B.P. 130.

13th. T. 101.6. B.P. 135. Pt. restless.

15-4-32. T. 103. Uterus not involuting. Lochia offensive. Started on Ergotone 1 c.c. daily and Super D Cod Liver Oil.

16-4-32. T. 99.8. Complains of abd. pain and dulness of vision.  
Urine contains albumen. B.P. 130.

18-4-32. T. 99.8. B.P. normal.

19-4-32. T. normal. B.P. normal. Lochia pale and inoffensive.

22-4-32. T. normal. B.P. normal. Pt. doing well.

*Case No. 5*

Name: Devenayakiammal—age 30—Hindu—date of delivery  
8-4-32.

Date of admission: 17-4-32.

History: 4th para, had a natural delivery at home followed by fever for 6 days before admission.

Condition on admission: Not anæmic, tongue coated, heart and lungs nil abnormal. Liver and spleen not palpable. Uterus cannot be made out as abdomen is distended and tender. T. 104.4. P. 130. R. 28.

Treatment: Pt. put on Mist. Ergot and Quinine and Cod liver oil dr. 2 t.d.s.

18-4-32. Temp. 102.8. Complains of abd. pain. Mag. sulph. ordered.

19-4-32. P. V. Lochia brownish red. Slightly offensive. No injuries seen, no pus.

20-4-32. Temp. 102.8. Abd. distended. Uterus lying flabby. Ergotone 1 c.c. given.

22nd. Temp. tending to come down. Bowels well open.

23rd. Temp. normal.

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