

TREATMENT OF SCIATICA

The term sciatica denotes an inflammation of the interstitial tissue of the sciatic nerve or its roots. J. P. Martin, M.D., M.R.C.P., writing in the "Lancet" indicates four or five methods which may give early and rapid relief, if not complete cure, the choice depending on the severity and on the stage of the ailment. These are: (a) electrical methods (b) use of oxygen (c) injection of saline (d) epidural injection of antipyrin (e) surgical methods. With all of these methods, the general principles which govern the treatment of inflammatory conditions must be practised.

The patient must be kept at rest in bed and heat in some form should be applied to the affected limb. John H. Anderson, M.D., C.M.G., (Lancet, April, 1927,) maintains that in this condition heat is always grateful, either as a poultice, hot bricks or sandbags, radiant heat, antiphlogistine, hot air baths, or the humble hot-water bottle." In view of the fact that its active ingredients are readily absorbed, antiphlogistine has a favorable effect on the inflammation in the fibrous tissues, and by penetrating among them and loosening them it separates small inflamed surfaces and breaks down many minute adhesions.

As for the general treatment, in the early stage the first essential is, with the aid of simple hypnotics, to secure sufficient sleep for the patient, in order that he may not become exhausted. As soon as the acute phase has subsided the patient should have a general tonic. Debilitating factors such as infective foci, glycosuria or albuminuria should be sought for and constipation carefully treated. If the patient has pyorrhœa the extraction of the teeth is to be recommended at this time.

PUERPERAL FEVER

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Introduction.—Puerperal Fever is the most common complication after child birth and its importance lies in the fact that more women die from this disease than from any other single accident or disease during pregnancy, labour or puerperium. In England and Wales during 1922 the mortality from pregnancy and child birth was 2,971 and from puerperal sepsis alone it was 1079 or nearly 36 per cent. In Madras puerperal fever alone accounted for 43 per cent of the mortality connected with child birth. Besides this, among the women who recover from this fever, a fairly large number are more or less invalided for life, by the train of symptoms following incomplete resolution of the septic infection of the uterus and its appendages. Many a woman will recall her pelvic pain, discomfort

and menstrual irregularities to her fever after confinement. It is a matter of grave reproach on our vaunted progress in all fields of medicine that a woman in the discharge of the highest and noblest of her duties *i.e.* in entering into motherhood should be jeopardizing her life. That is why many of the insurance companies decline to accept the life of a woman unless she is a widow or spinster and puerperal sepsis has contributed not a little towards making child birth such a dread and danger.

One encouraging and important feature of this disease is that it is to a great extent preventible and its peculiar interest to the nursing profession lies in the fact that there is a widely accepted belief that the accoucheur in charge of the confinement is largely responsible for any sepsis the patient may acquire during confinement.

I should consider it would be hard for a nurse to be beyond reproach if the confinements attended by her often go septic. A correct understanding of the features of this disease will go a long way in minimising the incidence of disease in one's professional career.

Actiology.—Puerperal sepsis is due to invasion of the genital tract by septic organisms introduced from without by the accoucheur's hands or instruments. Once the organisms get in, they settle down and multiply readily only if the mucus membrane lining is damaged or broken down. They merrily thrive if the patient is run down in health by disease or malnutrition.

Signs and symptoms.—The three cardinal signs are fever, subinvolution of the uterus and offensive discharge. Fever during the puerperium may be due to other causes, but it is in this fever alone that these three signs are combined together.

Treatment.—Treatment can be aptly summarised in the adage "Prevention is better than cure." Our aim should be to prevent sepsis rather than cure it.

If a woman is seen before labour, attention must be directed to improve her general health so that even if germs of sepsis should get in during confinement they may be readily choked and killed by the body resistance of the individual. Hence attend to her general health. If she has pyorrhoea or caries teeth advise her to consult a dentist, if she has a bad throat get her treated, examine her urine for albumen because albumen in urine is a drain on her health and denotes a tonic condition of the body. Get it promptly treated by bland nourishing diet and suitable dietetics. Prolonged labour by damaging the lining membrane of the genital canal and also by exhausting the powers of the individual is a powerful factor in the causation of sepsis. Prolonged labour may be brought about by faults in the lie or presentation of the child or by faults in the passages *i.e.* in the pelvis of the mother.

Hence careful measurements should be taken of the pelvis and by abdominal palpation the lie and presenting part of the foetus should be ascertained. If any abnormality is found, the doctor should be consulted; thereby much future trouble will be avoided.

During labour.—Throughout labour the watchword must be perfect cleanliness at every step and minute attention to details, however small and insignificant they may appear. The body of the person attending, must be clean and she should not at the same time attend on any septic or infectious case. Her hands must be scrupulously clean. Nails should be cut short and she should remember the nail brush is her best friend. As regards the patient it is very advisable that the hair on the external genitals is cut short and the part is well washed with an antiseptic. Vaginal examinations should be avoided as far as possible because there is the likelihood of septic organisms being introduced by the examining fingers and even where the fingers are clean there is the likelihood of septic germs being introduced from the vaginal outlet (where they are very often present) into the deeper parts. When the child's head emerges, the perineum should be properly guarded because the perineal tears may be the starting points of septic infection.

The third stage of labour should be properly managed, otherwise post partum hemorrhage weakens the mother, diminishes the contractile power of the uterus, helps the retention of blood clot and thus favours sepsis.

During puerperium. Pay as much attention as you would to a surgical case after operation. All dressings must be sterile. If she cannot pass urine without catheterisation, care should be taken that urine does not get into the vagina when withdrawing the catheter. After defaecation, the parts should be carefully cleansed from before backwards to avoid contamination of the perineum. Any small laceration should be dressed with suitable antiseptic like Tr. Benzoin Co.

If fever appears during puerperium, find out if it is due to sepsis or not. If it is septic fever, give a purgative, raise the head of the bed and give 4th hourly hot lysol douches. The lysol douche cleanses the vagina of the discharge, inhibits the growth of bacteria, the heat improves the circulation in the inflamed septic area and thus promotes healing of the parts. If in spite of this the fever persists doctor should be called in and suitable local and general measures should be carried out, the local consisting of hot lysol douches, drainage of the uterus by the Budin's tube and application of antiseptics to the lacerated and septic areas in the cervix, vagina and perineum, the general measures consisting of nourishing diet, stimulants like glucose, brandy and chicken essence and administration of antistreptococcal sera and vaccines. The vaccines to be effective must be prepared from the organisms isolated from the uterine discharges of septic cases.