

FIVE HUNDRED DELIVERIES WITHOUT DEATH IN THE PRESTON RETREAT.

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In making this report I desire to call attention to the accommodations of the Preston Retreat, and its routine treatment of puerperal cases, rather than make a minute analysis of a large number of cases.

The 500 cases reported date from the last death occurring in the Retreat, more than five years ago, and include 275 confinements under Dr. Goodell's care before his resignation as physician in charge. The series had extended to nearly 600 cases before the first death occurred, during my service as physician in charge. Between these deaths there has not been a case of puerperal septicæmia in the institution. Both of these deaths being from puerperal eclampsia in patients suffering from chronic Bright's disease.

The Retreat is a maternity hospital endowed by the will of Dr. Jonas Preston to furnish accommodations for poor, respectable, married women during their lying-in period. The building, standing in an open square of ground, is especially adapted to its purpose. Lying-in wards are entirely shut off from the main building; the delivery rooms, the closets and bath-rooms. The bath-rooms and water-closets are placed in towers at the rear of the building. The plumbing is as nearly perfect as modern sanitary science can make it.

Verandas, enclosed in glass, form large, light, airy corridors about the sides and rear of the building, and furnish a distinct circulating atmosphere between the house proper, the wards and the water-closets.

Wide corridors run through the main building at right angles. This arrangement, together with that of the flues and heating apparatus, makes the ventilation of the entire building simply perfect. The building is heated by the indirect steam method.

The great success attending the work of this maternity is due to the strict enforcement of the law of cleanliness. Cleanliness, water, soap and pure air are still the best antiseptics. Everything and everybody is clean, and jealously kept so. The routine treatment of patients is as follows:

The patient on entering the house is given a hot soap bath, dressed in clean clothing and assigned a clean bed in the waiting ward. If necessary, a laxative is given and the bowels are kept soluble during her waiting period. Thereafter until her confinement she is obliged to take at least two hot soap baths per week and wear clean clothing. She is allowed to do such light work about the house as the physician may deem advisable and is encouraged to take as much open air exercise as circumstances will permit. Every

effort is made by the officers and employés of the institution to make it as cheerful and homelike as possible. When ready for the delivery room, the patient is again given a hot soap bath, also an enema and vaginal injection of a 1 to 2,000 solution of bichloride of mercury in distilled water. She is clothed in a clean night-robe and drawers and placed upon a new, clean delivery bed. Scrupulous cleanliness is observed in all manipulations of the patient, and after delivery a second vaginal injection is given and a vaginal suppository of iodoform is introduced.

The patient's person is carefully cleaned, all soiled clothing removed, the binder and pad applied, a clean set of night clothes put on, and the patient is put in a new, clean bed in the ward. All soiled articles are immediately removed from the delivery room and a new bed made up for the next patient.

The patients in the ward are carefully observed by the nurses, but no unnecessary handling or interference permitted; they remain in the ward until they are able to be up, when they are removed to the convalescent ward. As the ward is emptied, the beds are burned and all bedding most carefully cleaned.

No soiled linen (as draw-sheets, diapers, napkins or other articles) is allowed to remain in the ward; but when soiled is immediately placed in a covered receptacle and removed from the building. No sponges, wash-rags or absorbent cotton are used in the house. Corrosive jute supplies the place of these articles, being clean, soft, remarkably absorbent and cheap. It is destroyed immediately after being used. The pads to absorb the lochia are also of jute and likewise destroyed. The beds in the ward are of fresh rye straw and are burned after ten days. All discharges from the delivery room are immediately burned; all bedding soiled beyond cleansing or contaminated by purulent or specific discharges is likewise burned. In short, every effort is made to keep the house perfectly pure and sweet.

The arrangement of the building permits of rotation in the use of the wards, so that a ward once emptied is not again used until three others have been filled. In the meantime it is most carefully cleaned and thrown open to the atmosphere. A similar system is pursued in the convalescent wards and delivery rooms.

In the 500 labors reported, there were 200 primiparous mothers. The complications were as follows: There were 52 forceps deliveries, most of them for contracted pelves and large, hard heads; 3 induced labors; 3 cases in which podalic version was performed; 2 cases of missed labor; 1 case of congenital absence of the right leg of the mother (a normal delivery); 1 case of placenta prævia; 12 still births; 3 twin labors; 5 breech presentations and 1 face presentation. Other statistics are omitted purposely.