

OBSTETRICAL TECHNIQUE IN THE COOK COUNTY HOSPITAL

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The following, in brief, is an outline of the management and treatment of obstetrical cases in the Cook County Hospital.

The personnel of the staff consists of six attending obstetricians, who are on duty in charge of all the obstetrical patients in the hospital for terms of seven weeks each; four internes (two regular and two sectarian), who are in what is called the middle service, that is, the second six months of their eighteen months' course. The regular internes serve six weeks and divide about three fourths of the cases; the sectarian internes serve three months. The attending obstetrician must visit the wards at least three times a week and sign each history-sheet. He is summoned for all operations except low forceps and immediate perinæorrhaphies.

Patients may be admitted one month before expected confinement. An average of a little over one delivery a day has been kept up for the past ten years, not increasing perceptibly from year to year. On admission, the woman is given a full bath and is provided with clean clothing from the hospital store. Her own clothes are fumigated and held in the custodian's office until her discharge. Each woman, unless already in labor, is soon examined carefully and systematically by the interne in charge. A complete history is entered on blanks provided, and a complete physical examination is made. This examination includes the heart, lungs, and general bodily condition. The results of the pelvic measurements and abdominal and vaginal examinations are recorded. The urine for twenty-four hours is measured and examined for specific gravity, reaction, albumin, sugar, and sediment.

The woman is allowed the freedom of the waiting-ward, and may be employed in light duties in the main obstetrical ward. Diet, catharsis, and diuresis are prescribed according to indications. Her work consists of sweeping, cooking, sewing, scrubbing, and, under the supervision of the nurses, in assisting in the care of the babies. The obstetrical ward is in an isolated pavilion. The lower story is occupied by waiting women. The upper story, which can be entered only by a stairway from the lower story, consists of a wide central corridor on either side, and at the distal end of which are large and small rooms. These rooms are: the bathroom, nursery, nurses' room, delivery-

rooms, and rooms containing beds for patients. No one is allowed in the obstetrical ward, except the patients, nurses, and doctors. No visitors are permitted to see the patients. No clinical advantage is permitted to be taken of this rich material. The only educational value of it all is to the internes, the attending obstetricians, and the nurses of the ward. Not even small classes for the practice of external palpation are allowed.

When labor pains begin, the patient is isolated in one of the rooms of the obstetrical ward, given a bath and an enema. Further preparations include shaving the genitals and scrubbing with green soap an area included between the pubes and the breasts, as well as the perineum, buttocks, and inner surface of the thighs. The excess of soap is removed with sterile water and bichloride of mercury solution (1-1000). A pad moistened with the solution is allowed to remain over the vulvar outlet. The prepared parts are then wrapped in sterile sheets. If the bladder has not surely been emptied within a short time, and cannot be spontaneously, it is catheterized by means of a sterile rubber instrument. This is repeated in prolonged labors, unless there is certainty that the bladder has emptied itself. Such preparations as above are administered to primiparæ at the end of the first stage, and in multiparæ according to the frequency and intensity of the pains.

At the time of entrance, or soon afterwards, external palpation has been practised. At the labor this is repeated, and the diagnosis of position attempted by this means. It is usual to make one vaginal examination at the onset of labor, and others rarely in the course of labor, if there is any doubt as to position or progress. The hands are scrubbed with green soap, rinsed in sterile water and alcohol, and then in one-per-cent lysol solution. This solution is kept in a sterile basin for rinsing the hands during the labor and for washing off the external genitals of the patient when necessary. Sterile rubber gloves are always used. The woman is usually delivered in the semiprone posture, with the buttocks at the edge of the bed. The bed is a high iron hospital-couch with woven wire spring and thin hair mattress.

If operative interference is indicated, the patient is placed upon an operating-table and anæsthetized. If the placenta is not spontaneously expelled within thirty minutes, Credé's method of

expression is employed. Manual extraction of the placenta is forbidden without the presence of the attending obstetrician, except for serious hemorrhage. If there is no hemorrhage and the placenta cannot be expelled by Credé's method, an aseptic dressing is applied over the vulva and the woman put to bed until the attending obstetrician arrives. Meanwhile careful watch is kept to detect hemorrhage. After delivery the placenta is carefully examined for anomalies and pathological appearances, is measured and weighed, and the results are recorded. The cord is tied after pulsation has nearly ceased, by means of a narrow sterile tape. A temporary aseptic dressing is applied.

Lacerations of the vulvar orifice and pelvic floor are repaired at once with silkworm-gut interrupted sutures. The ends are left long to facilitate removal. The external parts are sponged with gauze soaked in lysol solution, irrigated with sterile water, and covered with a sterile gauze and cotton pad held on by a T-bandage. In suitable cases fluid extract of ergot, M. xx, with fluid extract of hydrastis, M. xv, is given every four hours for several doses.

As soon as possible after birth, the infant's eyes are treated with two-per-cent solution of silver nitrate followed by normal salt solution. Sometimes five-per-cent argyrol solution is used in place of the silver nitrate. The baby is anointed plentifully with sterile olive oil and the vernix removed as far as possible by gentle friction. The cord is dressed with sterile gauze moistened with fifty per cent alcohol. This cord-dressing is renewed each day until the stump drops away. On the second day the child is bathed by sponging and then oiled again. When the stump falls off and it is seen that there is no inflammation about

the navel, the child is given a daily tub-bath followed by anointing. A snug abdominal binder is worn until the navel is completely healed. All clothing is sewed on the infant. The baby is put to the breast 4-6 hours after labor and every four hours until milk comes; after that, every two hours during daytime and four hours during night-time.

Boric acid solution is applied to the breasts before and after each nursing. Engorgement is treated by massage, rest and binder. For fissures, cleanliness is maintained and the crack is treated with tincture benzoin compound every four hours.

In the after-treatment of the mother the vulvar pad is changed every four hours and the parts cleaned with a 1-200 lysol solution followed by a sterile external irrigation. Temperature, pulse and respiration of mother and child are recorded every four hours for the first three days, afterwards A. M. and P. M.

Liquid diet is administered for the first twenty-four hours. Next the woman is allowed toast, milk, egg, custard, etc. Meat and ordinary ward diet is not given until the seventh day. After each bowel movement an external irrigation with sterile water is done. The bowels are moved, unless they move spontaneously, on the second day by enemata or a mild cathartic, preferably castor-oil.

The patient receives a daily sponge-bath. The height of the fundus is noted daily, as well as the appearance and estimated amount of the lochia. When, in normal cases, the uterus is no longer palpable above the pubes, the woman is allowed to leave the bed. After the second week the patients are allowed to return home if they so desire.

I am indebted to Dr. Homer I. Davis, obstetrical interne, for valuable assistance in preparing this report.