

TABLE VI.  
*General Lying-in Hospital.*

Date.	Deliveries.	Deaths.	Per 1,000.
1833—60	5,833	180	30·8
1861—77	3,773	64	17
1880—87	2,585	16	6

Previous to the introduction of antiseptics the Hospital was scarcely ever free from puerperal fever. In 1877 things had become so bad, that of the sixty-three women delivered during the year, no fewer than nine died. The Institution was thereupon closed for two years. In October, 1879, it was re-opened, and has since been conducted on antiseptic principles, the result being that the average death-rate has now fallen from seventeen to six per thousand, and puerperal fever has been almost entirely banished.

Surely, there is no need of further proof as to the mode in which puerperal fever is conveyed, or of the fact that we have, in the use of antiseptics, a means of largely preventing it, even if not, as our methods improve, of completely stamping it out. It is sometimes said that the poison of puerperal fever is formed within the patient's own body by the decomposition of retained discharges, &c. My answer is, that, if this were true, if the patient were really liable to be poisoned by processes going on within her, independently of contamination from without, the cleansing by antiseptics of the hands and instruments of the attendants could not have any effect in preventing such occurrences, and the regular use of antiseptics could at the most only diminish the number of cases of puerperal fever, not prevent it. But the result of the regular use of antiseptics is, as the tables before you show, to practically abolish puerperal fever. No doubt, in spite of antiseptics, a case occurs now and then; but so rarely as to be easily accounted for by imperfection of method, or by occasional hurry or carelessness. What antiseptics can accomplish is to be judged by the best results already attained, for what they have once been able to effect they can at least effect again. Now look at the Dresden table. In the three years, 1885, 1886, and 1887, there were only five deaths from puerperal fever out of four thousand one hundred and forty deliveries, and in the last of these years, which was the best, there was only one death out of one thousand three hundred and eighty-eight deliveries; and ninety-five out of every hundred patients recovered without having, on any single occasion, a temperature exceeding 100·4 degrees. The Boston table shews still more clearly how the

results improve with experience, and how the few failures that still occur may be completely accounted for by imperfections in the methods. As the methods improved, the mortality diminished, until in 1886, the last year of which I have a record, there was not a single death to report. It may be said, all this sounds very well; but inasmuch as antiseptic douching formed part of the treatment in many of these Hospitals, it is possible that the antiseptics produced these excellent results, not by keeping germs out of the body, but by destroying germs that were already within. To this I reply that, while it is quite true that antiseptic douching is, in many Hospitals, still considered an essential part of the treatment, it is not so in all. The authorities of the New York and Boston Hospitals, not satisfied with their results, and thinking it possible that sometimes the douche might actually be the means of introducing germs into the body, resolved to try the experiment of abolishing the douche. The experiment was crowned with success. Their results henceforth were better than any they had yet obtained. The douche has since been omitted in other Hospitals with equally good effect. This seems to show (1) that the douche, though it may be and no doubt often is a useful adjunct to, is not an essential of antiseptic midwifery; and (2) that antiseptics act, not by destroying germs already within the body, but by destroying them before they enter.

It may, however, still be asked, whether it is not the fact that blood-poisoning is most apt to occur in cases where, after a labour or a miscarriage, something has been left behind, and whether these are not examples of self-poisoning. It is undoubtedly true that the risk of blood-poisoning is greatest where matters are retained that should be cast off, but this is owing to the fact that such retained matters form the most favourable soil possible for the development of disease-germs if once they gain access. If, however, they can be kept out, no blood-poisoning will take place. The presence of the retained matters may be a source of irritation and may excite hæmorrhage even to an alarming extent; but it will not give rise to puerperal fever unless germs are admitted from without. So that these cases, which at first look exceedingly like instances of self-infection, are not so in reality, and furnish no adequate grounds for maintaining the possibility of the occurrence of self-infection.

(To be continued.)

To be very sensitive to trifles, and to take important matters easily, is the mark of a strange reversal of feeling.—PASCAL.

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