Medical Matters.

ANTISEPTIC MIDWIFERY.

It has been clearly ascertained that puerperal septicæmia is due to a poison which enters the system through the genital tract, as such, or is produced there by some substance coming from without. It is also a settled fact that we can, in nearly every case, prevent puerperal septicæmia by the local use of certain measures and medicines. It can, furthermore, be said that the producers of this poison are certain microscopical fungi which have been found on the wounds of the genital canal, in the blood circulating in the veins of the living patient, and after death in almost all the great cavities and exudations. The poison causing puerperal fever may be derived from different sources, such as patients suffering from the same affection; patients suffering from suppuration or decomposition of tissue; patients suffering from zymotic diseases, and also from putrefying substances. The contagiousness of puerperal infection is universally admitted. The only point about which any doubt exists is whether it is essential that the microbes be conveyed from one patient to another on the hand or instruments of the practitioner, or whether they may float through the air. The mortality from puerperal fever before the use of antiseptics in midwifery was simply enormous. Now, since the adoption of proper antiseptic measures, it has been reduced to a minimum, perhaps ½ per cent. The historical development of antiseptic midwifery is briefly as follows: The first who realised the septic nature of puerperal fever and instituted an antiseptic prophylaxis was Semmelweis, of Vienna, in 1847. Still, the highly-developed antisepsis of the present day is not derived from him. It was after Lister, building on the researches of Pasteur, had created antiseptic surgery (1866), and that Stadfield (1870) tried to adapt his treatment with carbolic acid to midwifery, and was followed by Bischoff, of Basel, and Tritsch, of Halle. From that time, the use of carbolic acid spread rapidly over Europe and America. Another period was inaugurated when Tarnier introduced bichloride of mercury, which he recommended in a paper read before the International Medical Congress in London in 1881. It is well to observe every detail of antiseptic precaution carefully at first, and then, in course of time, these minutiæ become a routine practice. It is in this way that, in hospitals where a constant series of cases of the same nature are treated, the practice attains a height of perfection which is quite impossible in the homes of private patients. The necessity for such extreme care in Lying-in Hospitals, where the aggregation of many cases is itself a source of danger, has been exemplified over and over again. Indeed, without the advent of antiseptics, lying-in hospitals at the present day would probably have ceased to exist. In private practice the danger of sepsis is not so constantly present, but sooner or later a case occurs, and it is recognized that poison has been conveyed to the patient either from some source over which there can be no control, or through the imperfect observance of some detail in the management. In the rush of human affairs, even in a small village, it is often impossible to carry out any precautions whatever, and then one must simply do the best one can. Cleanliness, absolute cleanliness, and abundance of fresh air, are the great essentials. By cleanliness, is meant cleanliness from a surgical point of view. This cannot be ensured by soap and water alone. As long as no source of infection is present, soap and water may be sufficient, but it requires a stronger drug to destroy the unsuspected germ.

These excellent and most practical observations which were recently made by our valued contemporary, the Medical Times, may be earnestly commended to the notice of those nurses who are engaged in obstetric work. There is no doubt that the immensely lessened mortality of childbirth at the present day in this country is almost entirely due to the extreme care with which antiseptic precautions are taken by maternity attendants.

MALARIA.

The expedition to the West Coast of Africa under the direction of Dr. Ronald Ross, has done excellent work. Not only has he established the fact that the malarial infecting mosquito prevails there, but he has also discovered that the Guartan parasite affects the bodies of the anopheles. We hope the Government will see their way to grant Ross's requests, and that funds may be provided whereby to continue the investigations he has so ably inaugurated.

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