Some General Considerations on the Subject of Puerperal Sepsis.

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In the preceding lectures we have seen how puerperal sepsis may arise, what its consequences may be to the individual patient, and how the different signs and symptoms to which it gives rise may be treated. It only now remains to consider the broader aspect of the subject—namely, the relation of the disease to the community.

We must first realise the extent of the evil, and it is an evil, because it is preventable and has been prevented inside the walls of our lying-in hospitals, where, before the days of Semelweiss and his followers, it was infinitely more rampant than in private practice. Here, however, we are at once met with the difficulty that not all cases of puerperal fever are, or have been, described as such in the statistical records. Though puerperal sepsis is a notifiable disease under the Public Health Act; and it is illegal, therefore, not to report any case to the medical officer of health for the town or district, yet owing to the fact that there is no legal definition of what constitutes puerperal fever, many cases are not brought to light at all, and this is due not to intentional desire to evade the law, but to the fact that there is no agreement amongst the authorities in the medical profession, or in the text books, as to what should be called puerperal fever. Strictly speaking, and from the pathological, or scientific point of view, every case in which the temperature rises after confinement from any cause connected with the genital organs is puerperal fever, but the Public Health Act is not a treatise on medicine, and is intended only to protect the public from infection, and many of the conditions which give rise to pyrexia after confinement are not necessarily a danger to the public. The Public Health Act does not then help us very much in the obtaining of reliable information as to the prevalence of puerperal fever.

When we come to the statistics, furnished by the Registrar-General, of the deaths from puerperal fever, we are on slightly firmer ground, for we have some knowledge of the extent of illness which is sufficiently intense to cause death, but here, again, there is a fallacy, in that when puerperal fever kills by giving rise to some well marked lesion, such as pneumonia or peritonitis, the latter only may appear on the death certificate, so the puerperal origin of the illness does not come to light. Consequently, there are more cases of puerperal fever, and more deaths from it than we know of.

Taking, then, recorded cases only, we have first, that, during the last twenty years, 40 per cent. of the total childbed mortality in this country has been due to septic diseases, and then, in the year 1903 (the last for which I have been able to obtain accurate information), no fewer than 1,686 women lost their lives from puerperal sepsis in England and Wales alone. In Manchester, during 1907, the cases of puerperal fever numbered five for each thousand births, and, of all cases of puerperal fever, 20 per cent. proved fatal. The mortality amongst cases admitted to Monsall Hospital was 24 per cent., but this class does not include any who had the disease in a mild form.

It is evident, then, that for a preventable disease, the number both of those who are attacked and of those who succumb to their illness is fairly great.

But this is not all. What is the condition of those who have puerperal fever and do not die? Do they get quite well? The answer to this is to be found in an estimate given me by an eminent gynæcologist to the effect that of the women who attend habitually the out-patient department of the gynæcological cliniques, about one-third owe their illness to puerperal infection and its consequences. Now these women do not lead a very comfortable life. They suffer from chronic pelvic pain, as a rule, and often leucorrhœal discharges as well. Some are taken in and cured by operations of greater or less magnitude, but many cannot be so relieved, and lead a more or less miserable life in consequence.

To meet this state of things, in part at all events, the Midwives' Act was introduced, the aim of which was to regulate the practice of those who attend women in their confinement on their own account, and without medical assistance to begin with. No one can doubt that the results of this Act have been most beneficial, and we have only to read the list of those who have been dealt with by the Central Midwives' Board for carelessness or misconduct to see that some such legislation as this was needed, but not all women, or even the majority, are attended by professional midwives alone. I am not aware of the exact figures, but I should imagine that the majority of confinements take place under the supervision of a doctor; *with a "nurse" of some*

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