

scarcely carries conviction. The public will be more inclined to trust to the verdict of an expert examining body and to be thankful that the attainment of an educational standard is required by law, of certified midwives. In my opinion candidates should invariably select an institution for training where the Matron is a certified midwife, as even if there is an "approved" midwife as Sister-in-Charge the position is much the same as if the Sisters in a hospital were working under an untrained Matron, which is never conducive to efficiency. In any case an uncertified midwife, as a matter of business, should be sure that her deputy is "approved" before undertaking to train pupils, though it is quite certain that in this instance the midwife had no intention of obtaining money from her pupils on false pretences, and offered to make every possible compensation, so that one can but regret that the matter should have been taken into court.

Lastly candidates for training should not only "believe" that there is a midwife in the institution they propose to enter for training, who is qualified to certify to their attendance on cases, but should insist on this being attested in writing.

MARGARET BREAY,  
Certified Midwife.

### Semmelweiss.

In the *Lancet* of September 11th the first leading article treats of the Life and Doctrine of Semmelweiss, the great Hungarian pioneer of aseptic principles and practice in midwifery. He was born in Budapest in 1818; his great discovery of the chief source of infection in puerperal fever was made at Vienna; he was then assistant in the obstetric clinic, and the appalling mortality drove him to seek its explanation. Curiously enough, it was the astonishing difference between the results in the division attended by midwives and that attended by students, which first gave him the clue to the mysterious prevalence of the disease. In 1847, the mortality in the Vienna Lying-in Hospital was 12 per cent., in the students' division it was three times as great as in the midwives' division. In this year a colleague died from a poisoned dissection wound, and it rushed into Semmelweiss' mind that his disease was identical with that from which he had seen hundreds of puerperal women die. Was it not possible that puerperal fever was caused by infection by decomposing animal organic matter from the *post-mortem* room or other sources? He issued orders that before all vaginal examinations the hands, after careful washing with soap and water, should be rinsed in chlorine water or in solution of chloride of lime. The results were most successful, the mortality in the first seven months of the experiment was reduced to 3.04 per

cent., and in the year 1848, in 3,556 confinements which took place, 45 deaths occurred from puerperal fever, reducing the mortality to 1.27 per cent. This was brilliant when it is taken into consideration that the accommodation and equipment of the hospital was most unsatisfactory, and that Semmelweiss had to contend with the hostility of his chief and the prejudice of the students. How could the medical world cover such a discovery and its convincing results with contumely, ridicule, and indifference? Yes, so it was. In 1860 he published his work on "The *Ætiology of Puerperal Fever*," with clinical observations, which marks an era in the science of obstetrics. It met with hostility. Oliver Wendell Holmes had the same reception from jealous and autocratic colleagues on the publication of his paper, "The Contagiousness of Puerperal Fever"—in 1843. This is now regarded as a classic, but it was abused and satirised, and its teaching ignored, for some time in America. Semmelweiss, mightily convinced of the truth of his doctrine, wore out his energies in preaching it. To his intense chagrin and disappointment obstetricians refused to accept it.

Their animosity told upon the eager, enthusiastic, courageous nature. It is pathetic to read how, in the latter days of his professorship, so possessed was he by the importance of his discovery, he would stop acquaintances in the street to impress his convictions upon them. His mind gradually gave way, and in July, 1865, he was committed to an asylum. By a strange irony he died soon after from the result of septic infection of a wound in his right hand, at the early age of 47. In the "nachwort" to his book Semmelweiss wrote:—"When I, with my present convictions, look back upon the past, I can only dispel the sadness which falls upon me by gazing into the happy future when, within the lying-in hospitals, and also outside of them, throughout the whole world, only cases of self-infection will occur." We cannot yet say that time has come in its fulness when there is a return of 1,465 deaths from puerperal sepsis (1907 Registrar-General's report), but it is within the range of possibility if all who are in the midwifery profession would conscientiously carry out the principles of the noble pioneers of aseptic midwifery.

### A Transvaal Tragedy.

Philip Jacobus Smook appears to be a peculiarly mean sort of person, to judge from a Johannesburg paper. First he victimised midwives by calling upon them with a story that his wife was about to be confined, and as he had come out without money, borrowing a sovereign or two with which to purchase medicines. Ultimately we find him in the dock charged with having obtained money by false pretences, and with having injured an officer of the Transvaal police whilst executing his duty in arresting the accused. The alleged assault was biting the arm of the detective, and here comes the tragedy—blood poisoning, supposed to be of a venereal character, supervened. The punishment of Smook is not recorded; it would be difficult to adjust the penalty for such a crime.

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