

The Midwife.

[ADVANCE MADE IN REGARD TO PUERPERAL INFECTIONS.

The last issue of the *Lancet* contains an interesting review of Obstetrics and Gynæcology from 1887 to 1912, being the Presidential address delivered at the inaugural meeting of the Midland Obstetrical and Gynæcological Society, by Professor Edward Malins, F.R.C.P., Emeritus Professor of Midwifery and Diseases of Women in the University of Birmingham. His remarks on the advance made in regard to puerperal infections, which we print below, are of special interest to midwives.

ADVANCE MADE IN REGARD TO PUERPERAL INFECTIONS.

Perhaps in no direction has this modern advance been more strongly marked than in the explanation of puerperal infections. The gain is great, yet we cannot ignore the past in tracing the steps by which it has been attained. Undoubtedly the era of regeneration is signalised by the work of Semmelweis. Semmelweis, with unfaltering faith and dauntless courage, pursued the conviction which had obtained possession of his mind—that the origin of puerperal fever, so-called, lay in the presence of cadaveric poison, the decomposition of animal organic material. Upon the foundation of his demonstrations and beliefs has arisen the superstructure of our present knowledge in this direction, with which the names of Pasteur and Lister will ever be associated. To Pasteur's discoveries, and to the researches, sagacity, and insight of Lister we are indebted for the application of the doctrines enunciated with so much fervour by Semmelweis. During the lifetime of Semmelweis the facts and opinions that he strove to inculcate were received with mistrust, contumely and scorn. Borne down by the strain of his efforts and the opposition he encountered his mind eventually gave way. His ideals had not been realised, his work had been disparaged; he died at the age of forty-seven, unhonoured and unsung. Forty-six years later, a just, though tardy, tribute to his name and worth took the form of a noble statue placed in his native town of Budapest. I make this brief allusion to history to emphasise the credit due to the past in building up our present knowledge. Much might be said of others, in the array of whom the names of Gordon, Charles White, Oliver Wendell Holmes, Simpson, and Stadfelt stand out in strong relief as gifted pioneers in the march of progress. These suffice to show the trend of thought upon the question and the earnestness with which it has been kept in view.

The practical point is how far more recent discoveries have enabled us to combat the scourge of puerperal sepsis, and to abate the number of

deaths in childbirth due to this cause. The returns of the Registrar-General give us information that the endeavour has not been in vain. To quote from the last available report (1910): "Puerperal fever: The deaths referred to one or other of the definite headings comprised under this term (*i.e.*, puerperal septicæmia and septic intoxication puerperal pyæmia, and phlegmasia alba dolens) numbered 1,113. In addition to these, 161 deaths were indefinitely certified as due to 'puerperal fever' (variety unspecified). The total number of deaths certified as due to puerperal fever (161) is 29 below that in 1909, and compares with 478 so recently as 1901." The figures given show distinct improvement in the death-rate from puerperal sepsis. Our disappointment would be great were it otherwise in face of the unremitting attention bestowed upon preventive measures. For a large share of this we are indebted to the Midwives Act and the formation of the Central Midwives Board. The influence of this body in the training and supervision of midwives may be regarded as one of the greatest social reforms of our age. Time will mature the value of the work so far accomplished. Gradually the uneducated and the untrained will lapse from the roll of members, their places being filled by others of superior intelligence and competence; with this will loom the light of a brighter hope in the future contest against these formidable evils.

The conviction that puerperal infection is a preventable complication has steadily become incorporated in the practice of midwifery. From nothing, nothing can come. If this truth be accepted, whence, may we ask, come the disasters and tragedies that make us halt and reflect? Surely they must arise from the infringement of elementary rules of knowledge, the breaking of well-known laws of cause and effect. I have always taught as a maxim that the safest guide in practice at the beginning is "to learn what is true in order to do what is right." This is comprised in a few short rules which may readily be remembered. That vaginal examinations are very seldom necessary; the size and shape of the pelvis and the position and movements of the child in the great majority of cases can be determined by external examination; all tears should be repaired at once, all douches avoided, and, lastly, the constant use of rubber gloves, kept for this purpose only. Blundell was not far from speaking the truth when he said that "he is the best accoucheur who keeps his hands in his pockets." It is a common error we often hear when a student tells us that he has delivered so many women. If it could be realised that women deliver themselves with the assistance of nature, oftentimes with less risk than with that of art, would it not be wiser simply to attend his cases rather than to subject them to the chance of unnecessary danger?

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