

Now if a man confines 100 women, and 98 of them make perfect recoveries and two of them present symptoms of septic poisoning, should he blame any one of the many surroundings common to them all as air, or should he look for some extraordinary agent, to account for the evil. The experience of ages and all medical literature teaches the latter. We constantly hear and read of septic cases due to a portion of decomposing placenta or membrane or blood-clot remaining in the uterus or vagina, or cases that can easily be traced to contagion carried by the accoucher.

Now, is it possible for the strictest antiseptic precautions to prevent the occurrence of septic infection of women during and after their confinement?

Let us suppose, for instance, that we have had apartments to be occupied by our patient newly whitewashed and papered and disinfected, and the bed and bedding and napkins and all the clothes to be used by the patient thoroughly carbolyzed or sublimated, is our patient then safe? I fear not, unless the accoucheur and nurse themselves see to it that they neither touch nor enter the presence of any unclean thing. If the doctor comes from examining a child with diphtheria, or a patient with erysipelas, and enters that chamber, and touches the patient or the napkins, he unavoidably communicates the poisons to the patient or to the napkins and the napkins to the patient. I think I cannot better illustrate not only the *possibility*, but the *probability* of such a sequence of events than by quoting an account of similar occurrences from the latest edition of Emmet's Principles and Practice of Gynæcology. On pages 717 and 718 of this work Emmet relates the two following cases. In the first one Dr. Emmet was about to remove a small ovarian cyst from a young girl in apparently perfect health. Dr. Emmet says: "The sponges, instruments and ligatures had been prepared with unusual care, and I never performed an operation where there seemed so little liability for any complication to occur." Just before the operation several physicians from the Polyclinic or Post-Graduate Medical School sent in cards of introduction from some of the staff, requesting that they might witness the operation, and they were admitted. Just as the Doctor was commencing the operation one of these gentlemen picked up a pair of forceps or scissors from the tray to show a friend alongside.

Emmet caught his hand, requested that he would not touch the instruments, and then went on with the operation, neglecting to disinfect the hand that had touched the gentleman's coat. In less than 24 hours, the report says, the girl was doomed, and died on the sixth or seventh day. It was found at the autopsy that an abscess had formed, extending from the wound and around the pedicle, and that the girl died of septic peritonitis. Emmet adds that the man who picked up the instrument was responsible for the girl's death.

The other case is that of a woman suffering from procidentia sent to Dr. Emmet for treatment by Dr. A. Jacobs. At the operation, after Dr. Emmet had denuded a large surface, Dr. Jacobs, who was present, placed his finger upon the prolapsed surface to satisfy himself that it was unusually hard. Two days after the operation, the patient's temperature was found to be 105°. Upon removal of the sutures the whole surface which had been freshened was found covered with a diphtheritic deposit as thick as a piece of chamois leather. It was ascertained that Dr. Jacobs had examined the throat of a child suffering from diphtheria early that morning. The operator had not seen a case for years; Dr. Bache Emmet, the assistant, had not in six months. The nurses were out of the way of meeting the disease, and the patient had not been out of the house for several weeks.

Now the two points I would make here are:—

1. How remarkably easy septic matter is conveyed. From what we know of the properties of septic matter it does seem that if the air is full of them all wounds exposed to the atmosphere pressing these germs against exposed surfaces, with a pressure of 15 lbs to the square inch, should become infected; yet we know from experience that this is not the case, and the fact that this is not the case is good evidence that the atmosphere ordinarily does not contain them. That wounds heal kindly and by first intention, and that women are confined every day without any septic trouble supervening, and without the so-called antiseptic precautions being taken, certainly proves this much—that the so-called antiseptic precautions are not essential to perfect healing of the parts after an operation or to perfect recoveries after confinement.

And, 2, that, in spite of all possible antiseptic precautions, one touch from a known and well-de-