

to the contamination of the dead-house, at the same time having an accumulation of debris under and around their finger-nails, that would afford a profitable investment for any farmer looking for a good chance to buy rich fertilizers.

It would not be advisable to go direct from the dead-house to a case of labour, nor would it from any infectious case, but let a man change his clothes, and sterilize his person, and he might a hundred times better have his hands in a pus cavity or cadaver one hour, and in the uterus the next, and not have the slightest apprehension as to the result, than to go from a septic puerperal case to a labour. How many obstetricians would hesitate to do the latter, relying on their antiseptics to prevent trouble?

Yet these same cases are the ones the pathologist dreads most to become infected with.

Let a pathologist or anatomist conscientiously sterilize his hands and arms, when through with his dead-house work, and by this I mean the same painstaking care that he would in preparing for an abdominal section (and to tend any labour case without so doing is little short of criminal), spending fifteen or twenty minutes in doing so, change his clothes, and he may attend a labour case or enter an abdominal cavity with as much impunity as any other man, no matter what his specialty may be, "Billroth," one of Europe's foremost surgeons, as well as pathologists, being a shining example of this, carrying on, hand in hand, abdominal surgery and pathological research.

Antiseptics does not mean an occasional mercurial ablution, a dipping of the finger tips in some solution or other. It calls for a conscientious and continuous care of the hands and person. Such care has been proven by Dr. Welch, of the Johns Hopkins, to have a lasting effect. This he recently showed in a series of interesting observations.

Some European surgeons (thorough antisepticians) on a visit to this country, allowed him (Dr. Welch) to make a bacteriological examination of the scrapings from their hands, and though they had not washed in mercurial solutions for some weeks, the retained mercurials prevented the growth of any pathogenic organisms whatever (we must have these organisms to produce sepsis).

How many general practitioners, including

among them a *few obstetricians*, would yield the same result, were their hands examined?

Dr. M. continues: "To prove it is not dangerous, we must at the same time prove that of all humbugs medical science is chief." Not so, Doctor—I beg to disagree with you. To allow your side of the controversy to be proven, would be a virtual acknowledgment of the inefficiency of antiseptics and sanitary laws. This would place us on a par with our great grandfathers. A man who knows he has been exposed, is, in almost every case, more careful in the care of his hands and person than one who has not been so exposed, probably, however, to any other kind, and who, ninety-nine times out of a hundred, is reeking with ptomaines and leucomaines, his only trouble being he does not know it. *This is the place to look for danger*, not in the men who have been exposed knowingly, and therefore take the proper precautions.

You have gone too far down the line, Doctor. You should turn your attention to the *embryo obstetricians* long before they receive their sheepskins. Use all your powers to have established in the various medical schools professorships on *personal hygiene*, where these men may be taught *how* and *when* to bathe, to change their linen, the value of soap and water, and several other well-known solutions. For there is a very great chance of their becoming obstetricians years before they become surgeons, anatomists, or pathologists, and rest assured that men or women, holding the positions you referred to, will know enough to keep their hands and persons clean—I mean surgically clean.

Yours, etc.,

Dec. 1st.

RICHARD SLEE, M.D.

TWO THOUSAND CASES OF MIDWIFERY.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—My attention has been directed to Dr. Harrison's address, and to the remarks thereupon as reported in your paper.

As a practitioner of above thirty years in active practice, with a record of two thousand cases of midwifery, I may be allowed to have an opinion founded upon some experience in England and Canada.

For the benefit of the junior members of our profession, it is far better to discuss in your journal such a daily and common matter as the proper