

requisite for the development of surgical septicæmia, puerperal fever may be very epidemic when these causes are wholly wanting.

In the early months of 1873, puerperal fever prevailed in the best parts of the city, and in that class of society possessed of abundant means and living under as good sanitary conditions as are possible in any large city, to a degree and extent here unknown for the previous twenty-five years. The deaths from this disease in the hospitals, and in the wards of the city where the poor are aggregated, were much less than in many former years. While in the wealthy wards the death rate was very large. In other words, I may say that during this period, in those wards of the city where the causes of septicæmia must have existed in the greatest abundance, the mortality was nearly one-third less from puerperal fever, in proportion to the population, than in the best parts of the city, where these causes of septicæmia could have existed only in a very limited degree.

From all these considerations, I think that if all the knowledge of this disease be derived from authors who have studied it in hospitals exclusively; it will be limited and one-sided, and the deductions, both as to its pathology and treatment, must in many instances be erroneous and unsafe. Especially must this be the case with those whose well-deserved eminence as operators compels them to be brought in frequent contact with surgical septicæmia, and to witness the terrible results which this produces after the most skilful performance of such operations as laparotomy and ovariectomy. Indeed, one can hardly understand how such a surgeon, who accepts the theory and believes in the necessity of such a prophylaxis and such treatment as are insisted upon in the paper under discussion, would ever dare to enter the room of a puerperal woman.

There are many other details in this connection which I am tempted to discuss, but these will doubtless receive due attention from the speakers who will follow me. I shall, therefore, content myself by expressing an opinion which will surprise many who have been carried along by the popular wave of the septic theory as the initial cause of most of the puerperal diseases. My conviction is strong, based

partly on individual experience, but chiefly on a careful study of the clinical midwifery reports of private practice and all the literature of the subject in my possession—and this is very full as regards the English and French languages—that, outside of hospitals, less than two per cent. of the deaths after childbirth, are due to septicæmia. There are no statistics of private practice which demonstrate the error of this opinion. The belief of the septicæmists that terrible dangers threaten every woman in childbirth is based wholly on theory. Because the maternal system has certain peculiarities differing from its normal condition—because the lochia is a poisonous fluid—and because there is always a certain amount of traumatic lesion in the parturient canal following parturition, every child-bearing woman incurs a most hazardous risk. This is a blunt statement of the argument and its deductions.

The limit of time which, in justice to others who follow, I have allowed myself will permit but a very few remarks on “the prophylactic measures which should be adopted in all midwifery cases, whether they occur in hospital or in private practice,” as the author of the paper distinctly avows. If “she who is about to bring forth” must “be treated as one about to go through the perils of a capital operation;” if all those preparations, so definitely enumerated, which gynecological surgeons insist upon previous to an ovariectomy or a laparotomy, are necessary in ordinary labours; if the danger from childbearing be so great that a wise and prudent obstetrician is justified in subjecting his patient to the hazardous depression of intense anxiety and fearful doubt as to results, and in surrounding her with the vivid apprehension of her family, instead of stimulating and cheering her with the great happiness of maternity and the hope of increased interest and love from her husband; if all or even a considerable part of the details mentioned are necessary “to save thousands of lives which are now lost,” and to spare “thousands of desolate households the sorrow of losing their female heads”—then it seems to me evident that the State should make childbearing a penal offence for all those families who do not have a sufficient annual income to make it possible to carry out all these requirements.

The description given of puerperal fever,