

# THE CANADA MEDICAL RECORD.

VOL. XIII.

MONTREAL, MAY, 1885.

No. 8

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### *Original Communications.*

#### ANTISEPTIC MIDWIFERY.

BY GEO. E. ARMSTRONG, M.D.

Professor Physiology University of Bishop's College, &c.  
(Read before the Medico-Chirurgical Society of Montreal.)

That Sir Joseph Lister has done a great deal for surgery—by enlarging the field of justifiable operations and by rendering the results of all operations more satisfactory—probably none will deny. But to what extent the details of his method of operating are essential there is still a wide difference of opinion; and even the soundness of the theory upon which his practice is based may be safely questioned. Indeed there is a suspicion among not a few that, after all, we may find in the future the lesson to be learned from the practice of Lister is that absolute cleanliness of the part operated, upon the part of the operator, and of instruments used in the operation, is *the great essential* of success, and the thanks of the profession to Joseph Lister should be none the less profound because his labors have been none the less effective if the suspicion should prove to be correct. The germ theory is the fashionable way of accounting for many of the accidents of surgery, as well as for the presence among us of many diseases. Lest we again lay ourselves open to the charge, sometimes laid against us by the lay press, of allowing ourselves to be led to one extreme by some prominent professor with an unpronounceable name, and then in a short time following some other leader as blindly to the other extreme, let us pause and

examine some of the facts of familiar occurrence in every-day life, and ascertain whether or not they are in harmony with the theory advanced.

Antiseptic surgery is based on the theory that the atmosphere which we breathe and by which we are surrounded contains germs which when allowed to come in contact with wounds, are capable of lighting up unhealthy action in them, and this theory has been more and more widely applied, until now, by some, it is taught that the physiological act of child-birth should always be conducted on what are known as strictly antiseptic principles, and it is this somewhat new application of the germ theory that I purpose briefly to discuss this evening.

Do our parturient patients whom we attend in confinement in the ordinary way without the use of any antiseptic dressings or douches, and without any special previous cleansing or disinfection of their apartments, present as a rule symptoms of septic inoculation? So far as my experience goes the answer is decidedly in the negative. If I am not much mistaken, it is the exception for men who do a large midwifery practice among the middle and lower classes to have cases of septic poisoning occurring among their parturient women. We younger men are often called to attend women in their confinement whom we see for the first time when they are in labor,—women who live in unhealthy, low, badly-drained localities, and in houses not over-clean and illy-ventilated. Women whose surroundings are eminently adapted to favor the growth and spread of atmospheric germs, and yet even among these I believe it is comparatively rare to have trouble of a septic character.