

Self-Infection.

The following notes are from the *New York Medical Journal* of Jan. 7th, on Self-infection:— Ahlfeld (*Contrib. f. Gyn.*, Nov. 12, 1887) says that the axiom that there can be no such thing as self-infection after a normal parturition is effectually exploded. Winckel has shown that it has occurred in women who have given birth to their children *in the street*, in which there could be no question of infection from the hands or instruments of physicians or midwives, and Ahlfeld has demonstrated the same by experimental investigations. The author understands by self-infection, with Semmelweis, a condition in which the poisonous matter exists upon or in the genital organs at the time of parturition, or is developed during parturition or the puerperium. The infection may or may not be communicated to the patient during the manipulations of the physician or midwife. A sharp distinction between infection from without and self-infection does not seem to be possible; it is therefore difficult to say, in most cases, that the physician or the midwife is responsible should puerperal fever make its appearance. It is only recently that stress has been laid upon the influence exercised by micro-organisms upon the vulva and the external genitals, and this has led to undoubted improvement in the condition of puerperal women in general. It is now admitted that if pathogenetic spores are found in the vagina of a woman who is otherwise in good condition, disease may result, though there is still uncertainty as to whether they are developed in the vagina previous to parturition by their entrance into the tissues, or through the process of their proliferation. A fatal result from blood-poisoning or septic peritonitis may occur even though the patient may not have been touched by a physician or other attendant. Cases are narrated in which the evidence of septic infection from retained and putrefying products of conception is clear and convincing, poisoning from the absorption of ptomaines being admitted. The author does not agree with Kaltenbach in his belief that puerperal disease from such a cause is of rare occurrence.

OBSTETRICS.

The General Treatment of Puerperal Sepsis.

Runge (*ibid.*) refers to his paper published in 1886, in which he outlined a suitable method of treatment for septic cases among puerperal women,

which should consist in the use of very large doses of alcohol, warm baths, nutritious food, and the avoidance of all antipyretic medicaments. Since that time he has treated nine cases of more or less severe puerperal sepsis by these means, and with only one fatal result. The opinions which were elicited by the paper in question were favorable to the avoidance and disuse of the so-called antipyretic medicaments; they were also favorable to the free use of alcohol, but they regarded the usefulness of the baths as at least questionable; indeed, some expressions were elicited which disapproved of them entirely as objectionable means. It was also doubted whether it would be possible, in the majority of cases, to administer a large quantity of nutrient material. The convictions of the author as to the value of the means which he has recommended have been deepened by additional experience. There are certain limits to the effectiveness of local treatment in puerperal sepsis. To be sure, one can prevent further resorption of poisonous germs by suitable precautions, but these do not defend the organism from the poison which has already been absorbed and is working in the circulation. The object of treatment should therefore be to furnish defence against the enemy which has already made its invasion, and, with this in view, the regulation of all the functions, especially those which pertain to digestion, is of first importance. The use of alcohol and warm baths will accomplish this end; the alcohol will increase the heart action and retard the metamorphosis of albuminoids, while the baths will increase the desire for food, and so prepare the way for the increased ingestion of nutrient material. By the same means the sensorium, circulation, and respiration will be benefited, and the author's experience enables him to say that these are facts and not theories. The treatment with alcohol should precede the use of the baths, in order to fortify the heart for their influence. The temperature of the baths should be 22° to 24° C., and they should be used from five to ten minutes according to the strength of the patient. If there is a tendency to collapse after their use, a large dose of alcohol should be given, or a subcutaneous injection of ether or of camphor. The greatest care should be exercised in giving the baths so as not to weary the patient. They are not so much indicated on account of elevated temperature as for their influence upon the