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## Original Communications.

### RETROSPECT OF GYNECOLOGY AND OBSTETRICS.

By A. LATHORN SMITH, B. A., M.D., M.R.C.S., Eng., Lecturer on Gynecology. Bishop's College, Montreal.

The workers in this department are among the busiest of all, if we may judge by the great progress which is being made from day to day; gynecology and obstetrics will soon be entitled to be called exact sciences.

One of the most important advances is the almost total elimination of peritonitis from the list of causes of death. This used only a few years ago to be the *bete noir* of gynecologists and obstetricians. Now a run of four hundred confinements and seventy-five to a hundred gynecological operations without a death from peritonitis is a common occurrence. A number of causes have combined to bring about these brilliant results. In midwifery, cleanliness has played the most important part; the thorough scrubbing of the hands, fingers and nails of those who are to touch the parturient woman, the bathing of the patient herself, the thorough removal from the room of everything that has been soiled during delivery, and finally, the refraining from many unnecessary examinations, each con-

tributing its share towards lowering the death rate. While in gynecology the use of aseptic ligatures, boiled instruments, and the substitution of irrigation for sponging have robbed operations about the female pelvis of all their horrors. Within a few years even the rare cases of death due to prolonged and ineffectual efforts to extract the child through a contracted pelvis bid fair to be eliminated, owing to the more general adoption of and good results from the new method of performing Cæsarean section, one operator, Dr. Howard Kelly, of Philadelphia, having reported three successive successful cases.

The exact figures of the mortality of the Saenger and Porro-Cæsarean sections up to the 1st of January, 1890, are as follows: For the world—Porro, 272, with 150 deaths; the Saenger, 212, with 50 deaths. It is curious to note that the death rate for these operations is steadily coming down in all countries with the exception of France, the probable explanation being the laxity or entire absence in that country of what we understand by antiseptic precautions. Strict antisepsis, greater experience and the operation being performed earlier, before she has been exhausted by other and useless efforts at delivery, will soon bring the death rate down to that of an ordinary laparotomy.