

THE PREVENTION OF PUERPERAL FEVER IN PRIVATE PRACTICE.

Read in the Section of Obstetric Medicine at the Annual Meeting of the British Medical Association in Dublin, August, 1887.

BY JOHN W. BYERS, M. A., M. D.,

Physician for Diseases of Women to the Royal Hospital, Belfast, and Physician to the Belfast Hospital for Sick Children.

I think it will be admitted by every one that at the present time no subject of greater importance can be discussed than that of the prevention of puerperal fever. When one considers the frequency with which this disease occurs, as well as the great fatality with which it is accompanied, it surely becomes our duty to devise measures by which a malady which causes, according to the report of the Commission appointed by the Society of Obstetrics and Gynæcology of Berlin, 10 to 15 per cent. of the deaths occurring in women during the child-bearing age, and which occasions so much public as well as private loss, may be stamped out.

It has been estimated that in every 120 confinements, one is fatal within the puerperal month; and, further, it has been stated that 1 per cent. of all confinements end fatally as an immediate or remote cause of the labour. We cannot hope to abolish all deaths from pregnancy and labour, but we should endeavour, and our great aim should be, to prevent deaths arising from puerperal fever. In many lying-in hospitals this prevention of puerperal fever has practically been accomplished; but it is far otherwise in private practice, and it is in the hope of bringing before you measures by which this fell scourge, which costs the lives of so many women, may be banished out of the list of diseases that this paper is written. Before, however, we can formulate any rules to guide us in the prevention of this disease, it is necessary to have clear ideas as to

its nature, so that we may act with definite scientific plans.

NATURE OF PUERPERAL FEVER.

A great many views have been held at different epochs in the history of medicine as to the nature and causation of puerperal or child-bed fever. Some of the earliest observers (Hippocrates, Galen, our own Sydenham, and Smellie) believed that it was due in some way to the suppression of the lochia. Then, again, others (Puzos) taught that it was caused by milk metastasis, a view which for a time prevailed in France in the seventeenth and eighteenth centuries. Then came the localist view, according to which the disease had its origin in some affection of the uterus, peritoneum, or veins, and hence arose the terms puerperal metritis, peritonitis, and phlebitis. However, an entirely opposite view soon became popular, and is defended in the present day with the greatest ability by such an able observer as Dr. Fordyce Barker, of New York. According to the doctrine of this school, puerperal fever is an essential specific fever, belonging to the class of zymotic diseases, and is as distinct as typhus or small-pox.

During the past decade the view is gradually gaining ground that puerperal fever is not in its nature a local or a general disease, but that it is really blood-poisoning or septicæmia, due to causes acting, in the great majority of cases, from without, and associated directly or indirectly with the presence of micro-organisms. This is the view which the great majority of obstetricians hold at the present time, and it is worth noting the circumstances that have led careful observers to adopt this doctrine.

1. In 1847, Semmelwiss, the father of the modern view as to the nature of puerperal fever, taught that, "puerperal patients were chiefly attacked with puerperal fever when they had