

ASEPTIC MIDWIFERY.

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Under the term *sepsis* are popularly included a number of morbid processes which differ clinically as well as pathologically, but in all cases, whether grave or mild, two things seem to be essential—an absorbing surface and noxious matter capable of absorption.

In puerperal cases the absorptive power is specially active, a convenient surface for the entrance of infective matter being presented by the denuded placental site and the numerous lacerations and abrasions which are usually present after labor.

The absorbable septic agents may be conveniently divided into three classes:

1. *Specific microbes*, which multiply rapidly and invade the whole body, even when absorbed in small quantities.

2. *Putrines* or ferments, active inanimate septic matters, frequently the product of microbes acting upon the tissues, giving rise to the condition called by some *sapraemia*.

3. *Pyogenic cocci*, which penetrate rapidly and in large numbers, and which may or may not produce metastases. They have the power of setting up suppuration in the tissues with which they come in contact. The most important of them is the *Streptococcus Pyogenes*, the cause of ordinary acute abscess. From cultivation experiments it seems highly probable that, under favorable circumstances, this coccus may rival the anthrax bacillus in virulence and ability to spread throughout the body.

The true relations existing between micro-organisms and septicæmia have not yet been definitely settled; some observers regard micro-organisms as the cause, while others consider them merely the result of the septic state. Ogston claims that septicæmia and pyæmia are but *secondary* phenomena dependent upon local centres of coccus growth, and argues that, as they are only symptoms, they should disappear as soon as the primary local cause is removed. However the question may be decided.