

## PUERPERAL SEPTICEMIA.

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The paper on "Placental Inspection," by Dr. Ross, published in this issue, contains certain statements to which I must take exception. I regret that I was not present when the paper was read; but, as I have seen the proof, I desire to take this opportunity of making some comments on it.

Four causes of septicemia are given, the first being traumatism. I don't understand what the author means, especially as traumatism is mentioned as one cause, and rupture of a pre-existing tumor another. In a case where septic infection is produced by the absorption of pathogenic organisms at the seat of a torn fourchette, would traumatism be considered the cause? The slight wound referred to must, of course, be considered, but I would say that absorption of septic matter was the cause.

Gonorrheal virus in the parturient canal is also mentioned as a cause. I think this is at least misleading, if not absolutely incorrect. If it is contended that the gonococcus causes a large proportion of those severe cases of puerperal septicemia which result in death within a few days after labor, I think we may say without any reservation that the contention is wrong. I think it has been proved beyond the shadow of doubt that the organisms which cause serious puerperal septicemia are the streptococcus, the staphylococcus, and the colon bacillus. The gonococcus is comparatively seldom found in such cases—even in those of mixed infection; and when it is discovered we have no evidence that it has materially affected the result.

I admit, however, that the presence of gonorrheal virus in the parturient canal is a serious matter. The gonococcus is probably the only pathogenic germ which is not destroyed by the ordinary vaginal secretions. Streptococci and staphylococci if placed in the vagina are soon destroyed, while under similar circumstances gonococci are unaffected. The gonorrheal virus certainly produces very serious results, which, however, should not be confounded with those of severe puerperal septicemia.

Retention of placenta or membranes is another cause mentioned. The statement that this retention, together with gonorrheal infection, is the cause in 75 per cent. of cases is sufficiently precise; but what are the data on which to found such contention? I admit that retained placenta is bad for various reasons, but I deny that it always causes septicemia. In properly conducted cases it seldom does. From my point