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THE PREVENTION OF PUERPERAL FEVER

By A. H. WRIGHT, B.A., M.B., M.R.C.S., ENG.

Read before the Ontario Medical Association, June 4th, 1884.

A remarkable paper on the subject of the prevention and treatment of puerperal fever was read at a meeting of the New York Academy of Medicine, on the 6th of December last, by that distinguished and accomplished man, Prof. T. Gaillard Thomas. The various discussions which followed in the different societies and medical journals showed the immense interest taken in the views enunciated on this important subject. His rules for prevention will form, to a certain extent, the text of this paper.

As these are probably known to you all, I need scarcely give them in full, especially as some of the details, with reference to the preparation of the lying-in room, are for ordinary cases perfectly impracticable; but I will refer particularly to two general principles which are insisted upon:—1st. "A woman about to bring forth should be regarded in the light of a patient who was to undergo a capital operation; 2nd. Local treatment, in the shape of injections, suppositories, etc., should be carried out during and subsequent to labour.

I would like to see every obstetrician duly impressed with a full appreciation of his duties in undertaking the charge of a woman during the puerperal period; but, at the same time, I object strongly to the view that labour should

be considered in the light of a capital operation. Our aim should be to avoid, as far as possible, all depressing influences, and make the surroundings of the patient as cheerful as possible. Among the many peculiarities of the puerperal period the emotional element is largely predominant, that is, as it has been expressed by Dr. Thomas himself, the "nervous system is in a plus state of sensitiveness and excitability, and influences which are very controllable in the non-puerperal state produce very evil results here." To illustrate the influence of this emotional element I will refer to some cases in my own practice. One lady, naturally phlegmatic, whom I have attended in three confinements, never had any trouble excepting on one occasion. After her second labour, which was perfectly normal, everything went on smoothly until the fifth day, when in making my ordinary visit I found her condition quite serious. She was weeping, had a severe rigor, and a temperature of 104, with pulse 125. The milk secretion and lochia were normal. On enquiry, I found she had had a dispute with her nurse, who was acting badly in various ways, but especially in her treatment of the babe. After talking to her for some time, and giving her the assurance that I would not allow the nurse to see her again, she became quiet. I gave the nurse orders not to go into the room again; went to see my patient's husband, asked him to discharge the nurse at once, and procure another. This was done, and, at the same time, a large dose of quinine was administered, and vaginal injections of carbolized water were used.