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MODERN OBSTETRICS.

The zeal which is brought to bear in the practice of modern obstetric surgery, if pushed much further, will surround the parturient woman with such a hedging of supposed preventatives and palliatives as to make that period between the date of conception and that of convalescence after the completion of child-birth a time of misery and imaginary danger. Some practitioners of—we will call them—"the rising school" seem to regard the process of procreation as one of disease, and advocate what the older writers would stigmatize as meddling and mischievous interference, both during the period of gestation and the final act of uterine contraction. No doubt there are special cases which call for the exercise of the surgeon's skill. It is not to such our words apply, but to the tendency which is betraying itself to regard the process "a purely natural," though in part a painful, function as a condition of disease. The fallacy of the argument that we find used that in certain institutions the adoption of aseptic midwifery had largely reduced the mortality is best shown by stating that carbolic acid and iodoform, the antiseptics in general use, are pronounced by distinguished chemists of the present day as having no antiseptic properties whatever. Deodorizing properties they, no doubt, have;

but as germ-killers they are pronounced as being not only inert in such action, but it is contended that they absolutely exercise a preservative effect on the vitality of the germ. At a meeting of the Medico-Chirurgical Society of Montreal great stress was laid by several of the speakers on the great benefit derived by the practice of aseptic midwifery. If the chemists are correct in their conclusions, the benefit claimed for this treatment must be traced to another source; and the question will arise, were not the good results due to the greater cleanliness that would necessarily be employed in the carrying out of such treatment, and not in any way attributable to the use of antiseptics. The western hemisphere claims to be the home of obstetrics and gynecology. But the cautious advances made in this branch of medicine by illustrious obstetricians of bygone days would with advantage be still borne in mind by the enterprising surgeons of the present day. The comparative freedom with which the peritoneum can be incised has opened a field for venturesome surgery which bids fair to be strained to the utmost, and a mania for the performance of brilliant operations on the abdominal organs, especially of women, has become alarmingly developed. The method even of conducting an ordinary case of labor as laid down in the by no means old or obsolete text-books of midwifery does not suit this go-ahead age, and measures which are sufficient to startle the shades of Denman, Ramsbotham, Churchill, Shekleton and McClintock are publicly advocated. The patient obstetrician will have a far larger measure of success than the impatient and meddling practitioner. We cannot condemn too strongly the indiscriminate performance of an operation at present in constant use: "scraping out the womb." The very simplicity and ease with which the