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THE PREVENTION OF PUERPERAL SEPTICÆMIA.*

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We have heard much in recent years about the best methods of preventing puerperal septicæmia, and some may think that the subject has been pretty well "threshed out." My observation and experience, however, prevent me from coinciding with any such opinion. On the contrary I think we should continue to discuss the matter until sepsis in the lying-in room becomes practically unknown. When this happy condition of things comes into existence—and I fear it will not come for some time—we will still do well to use our best endeavors to prevent a recurrence. A few years ago most of us thought that puerperal fever could scarcely be avoided in our ordinary lying-in hospitals. To-day we know that puerperal septicæmia is more common as a rule in private practice than in well-conducted hospitals, even though they be crowded. This fact is anything but creditable to the general profession, and I now ask the members of this Association to see to it that such a reproach or stigma shall not long be attached to obstetric practice in the Province of Ontario.

Within three months of last year I happened

to see six cases of puerperal septicæmia—two in the general wards of the hospital, and four in consultation outside. Of these six, four died. There was no report of any general epidemic at the time, and my surprise was only exceeded by my regrets at such disastrous possibilities. A physician of Toronto—one of the most careful and intelligent I know—told me recently that he had nine cases of puerperal septicæmia last year. Another, who had been out of college about a year, with, I fancy, a very limited mid-wifery practice, told me he had had five cases of puerperal fever with one death. To commence one's obstetric career with such a record as this is sufficiently bad, but the saddest feature connected with his recital was his apparently thorough want of appreciation of his own responsibility in the matter. I refer to these facts to show that puerperal septic infection is far too common, and yet how much of it exists I have but a vague idea. We are not to judge of its effects simply from its death-rate. Those suffering from the milder forms of septicæmia generally recover in a sort of way after a more or less protracted illness, but the proportion of such who are not to some extent crippled for life is, I fear, comparatively small.

Can we prevent this septicæmia which is followed by results so disastrous, so appalling? Yes, I think we can. Certainly we should try. In fact we should make it the chief aim of our life, as far as our obstetric work is concerned, to prevent it. How shall we do so? My answer is simple enough, and will probably be generally

* Read at the Meeting of the Ontario Medical Association, June, 1889.