

outlined by Dr. Martin. In the last type this treatment is worse than useless. I remember that a number of patients whom S. Weir Mitchell had treated afterwards came to the private insane hospital to which I was at one time physician. With this class of patients the trouble is with the brain, and in most it is congenital. In them the *ego* is of superlative development; they are perfectly willing to be petted and fussed over, but that simply tends to develop the egotism in certain directions. In this class of cases massage is peculiarly noxious, since in many of them there is a sexual element which is likely to be increased by massage, as has been pointed out by Murrell and others. In regard to medicinal treatment, Dr. Martin has not indicated the danger of inducing habits in some of these cases by the prescription of morphine and alcohol, as Dr. Mary H. Thompson some years ago pointed out in this Society. Many a neurasthenic person has become the regular inmate of an inebriate asylum or home for opium habitues, because some physician has prescribed opium or alcohol for the treatment of insomnia.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

Stated Meeting, February 9, 1887.

THE PRESIDENT, JOS. TABER JOHNSON, M.D.,
IN THE CHAIR.

DR. H. D. Fry read a paper entitled,

THE VALUE OF THE ANTISEPTIC METHOD IN OBSTETRIC PRACTICE AND ITS APPLICATION TO THE FORCEPS OPERATION,

and exhibited Breus' modification of Tarnier's forceps. He spoke of the advances which had been made in recent years in the practice of obstetrics, and of the reduction of childbed mortality that had followed these improvements. He directed attention more particularly to the germ theory of disease in relation to the pathogenesis of puerperal fever, and to the adoption of antiseptic precautions for the prevention of the affection. The brilliant result that had followed the application of this line of treatment in maternity institutions was mentioned, and the antiseptic precautions demanded in the forceps operation were then dwelt upon. These precautions differ but little in detail for the various obstetrical operations, and those applicable to this one may be employed for others when modified by changes to meet the exigencies of particular cases.

The objects sought are three fold:

1. Preventing the transport of germs to the genital canal of the woman.
2. Killing those which elude our vigilance, and
3. Limiting the production of traumatic injuries as much as possible.

Dr. Fry then applied these principles to the forceps operation, and stated the rules to be observed in such practice.

DR. S. C. BUSEY asked Dr. Fry if he had any statistics showing the relative proportion of cases of

puerperal fever following the use of forceps and without their use.

DR. L. MACKALL asked how long Dr. Fry had been using antiseptics, and with what result?

Dr. Fry replied to Dr. Busey, that he had no such statistics, and to Dr. Mackall, that he had been using them two and one-half years and with the most gratifying results. During the first year he used antiseptics only on every other case of midwifery. He, however, visited all his obstetric cases once, sometimes twice a day, and took the temperature and other notes at each visit. At the end of the year he compared notes, and found that the average temperature in the cases in which antiseptics had been used, was lower than in the others; in fact, the cases had not had the usual rise, the so-called "milk fever," and they had in every way a much better "getting up." In forceps cases, even with a lacerated perineum, there was usually no rise of temperature above 100°. In but a single case has he seen, in two years, "milk fever," and that was when he had forgotten to bring his tablets with him. He did what he could in the way of washing his hands, but the temperature reached 102 on the second day.

In reply to Dr. T. C. Smith as to what he thought the mortality of private obstetric practice ought to be, Dr. Fry replied, about 25 per cent.

DR. T. C. SMITH, quoting from the Health Report of Washington, for the year ending June 30, 1885, said that twenty-nine deaths were put down to puerperal fever. There were also 3334 births reported, which makes the mortality less than .9 per cent. The births probably reached 4,000, as all of them are never reported, which makes the per cent. even lower. The twenty-nine deaths were from various causes, all being put down under the general term "puerperal fever." When we recollect that a large majority of the births are in charge of midwives and in colored women in the worst possible hygienic surroundings, is there any wonder that there should be twenty-nine fatal cases? Moreover there were 393 illegitimate children and 391 stillbirths, both conditions bearing directly upon maternal mortality. Are there not sufficient causes to indicate that something besides "germs" kill? He said that he never had a serious case of puerperal fever after the use of forceps. He recalled one case of a primipara whom he delivered with forceps, and in ten days she was well.

At her next labor, he arrived too late to be of assistance and she was six weeks in getting up. Another woman he had delivered three times with forceps, but on the fourth he used neither ether nor forceps, and both he and she were sorry for it. He mentioned two other cases in which he had used the forceps, in spite of torn perineums, both made a rapid recovery.

He thought that douches during labor remove the mucus, the natural lubricant of the vagina, and that after labor they are worse than useless, for if nature had intended the parts to be antiseptic she would have made them so. In his opinion the lochia are antiseptic, for they plug the open absorbents, and if they are removed by douches there is an increased chance of infection. If we expect to keep out germs, we must go back of the vagina into the uterus,

where there is a large surface of open-mouthed veins ready to absorb them. Yet he ventures to assert that there are not a half-dozen doctors in Washington, who wash out the uterus in all cases, or even three who use intra-uterine injections after the forceps. He thought that in a population where there was so much bad hygiene, illegitimate pregnancies and abortions, that it was surprising that there were "only" twenty-nine deaths from puerperal fever.

DR. A. Y. P. GARNETT said, that now-a-days when any man opposed antiseptics, he laid himself open to criticism. He thought that individual experience was worth more than all the hospital statistics put together. He has a pair of forceps with which he has delivered sixty-two women; he has never used antiseptics, and has never had a case of puerperal fever in these sixty-two cases. He thought that the great value of Listerism was in the systematic cleanliness which it introduced into medicine and surgery; this, with better hygienic surroundings, was more potent for good than the killing of germs by antiseptics. He expressed little faith in the germ theory.

DR. S. C. BUSEY has more than once committed himself to antiseptic obstetrics. He may not follow the details of some of its most enthusiastic followers, but he always, to a greater or less degree, follows the antiseptic treatment in puerperal cases. Dr. Smith was wrong if he thought that those who adopted this method of treatment believed it would or ought to save every puerperal woman. They claimed, and it had been proven, that antiseptics had greatly reduced the mortality of the lying-in. The statistics Dr. Smith had quoted were only accurate in showing the number of deaths, but were valueless in regard to the causes of death. Maternity hospitals supplied the most reliable statistics, and they exhibited a greatly diminished mortality since the introduction of antiseptic midwifery. In his opinion, absolute cleanliness was the essential part of antiseptics. He frequently relied upon cleanliness and hot water vaginal injections. In all cases of post partum hæmorrhage and adherent placenta, and in some cases of instrumental labor, he employed intra-uterine hot water irrigation with the most satisfactory results. He would not advise intra-uterine irrigation as a routine practice, but whenever he had employed this method he had a rapid and complete convalescence. He believed the lochial discharge was a pathological rather than a physiological discharge. The statement that one may have had 100 cases of obstetrics without a single death, though not using antiseptics proves nothing. The next 100 cases may show a very different result. It is only in dealing with larger numbers that the value of antiseptics can be shown. The results in large maternity hospitals where it has been employed demonstrate its value. In private practice and in the country where the cases are isolated its value is not so apparent. He did not consider all the minute details of the antiseptic method essential to success in every case. They may be sometimes overdone, but we cannot tell in which they may be safely dispensed with. We do know there is vastly less serious illness and fewer deaths since their introduction.

DR. C. W. JOHNSTON said that Dr. Smith mentioned with surprise the fact that only twenty-nine women a year died of puerperal fever, when we consider the fact that a great number are "colored" women with the worst hygienic surroundings, etc. So far as his observation goes, and he believes the experience of the President agrees with his, he finds the colored race peculiarly insusceptible to certain inflammatory diseases which are destructive to the whites. In his service at the Central Dispensary, in about 500 colored and white women, equally exposed to disease, he found relatively fewer colored women suffering from pelvic inflammation than he did white women. Among the colored there are frequent cases of venereal disease, but even in those with the so-called "latent gonorrhœa" he has been able to find but one case of pyosalpinx.

DR. MACKALL said the statements made by Dr. Fry had made more impression upon him than all the statistics. It is true that he thought he had seen but one fatal case of puerperal fever, and that in consultation, he had always considered himself lucky to get off without trouble after forceps delivery. In his experience there has usually been more or less offensive discharge in these cases. He does not believe that there is a specific germ for puerperal fever, but some malign influence conveyed to the woman, from either a cadaver, a case of erysipelas, or something of that sort. Formerly we were unable to stop the epidemics of what was then called "metritis," with calomel, etc., but lately he has seen severe cases checked by bromo-chloralum, which was the form of antiseptic he used. He contends that if such a result can be obtained from antiseptics in an infected system they must be infinitely more valuable as a preventive of the ingress of the poison.

DR. SMITH said that the hospitals of the present day were not as they were—say sixty years ago. In those days there was faulty drainage, and as likely as not cess-pools were just under the windows. One could not expect such results as we get now a days, under those conditions. Dr. Busey had referred to the use of antiseptics in post-mortem hæmorrhage. In one of the cases he had just alluded to there had been tremendous hæmorrhage which he had stopped by packing with ice. No antiseptic had been used, and still there was a good recovery. In another case in which he had applied the forceps to the after-coming head, there had been no fever, though without the use of antiseptics. Dr. Busey says that he may have septicæmia at any time unless he uses antiseptics. He would say to Dr. Busey that *he* may at any time meet a case which antiseptics would not save. He did not believe that a germicide strong enough to kill the germ would be tolerated in the uterus. One of the most poisonous of gases, sulphuretted hydrogen, is common enough in the intestine, and yet nearly every child has had intestinal worms of some sort, upon which the poisonous gas failed to act.

DR. MACKALL asked Dr. Fry if he has had any cases of mammary abscess since using antiseptics. He has had several cases, all following fissures of or about the nipples. He understands it is claimed that the use of antiseptics is preventive of abscess. The

need of forceps is increasing. One supposes that he is going to have a short labor, but the pains gradually diminish in intensity and the head stops in its descent. Ergot has no effect or is dangerous; it may be successful in starting up pains or it may fail, chloral has failed; and finally resort to the forceps is necessary. If, as seems probable, the danger to the mother is increased by their use, we must find some means to lessen the mortality, and this we seem to have in antiseptics.

DR. FRY, in closing, said that puerperal fever does not occur often in the practice of midwives and in the class of patients which Drs. Smith and Gleeson speak of as being attended by these women. It was this fact, among others, that led Semmelweiss to make the investigations that subsequently laid the foundation for antiseptic treatment. The disease is far more prevalent among the patients attended by practicing physicians, and the infection is probably conveyed by the examining finger of the obstetrician. Parvin relates the case of a French surgeon who, after having visited a patient suffering with phlegmonous inflammation of the thigh, made a vaginal examination of his wife. The lady had been delivered seventeen days before, and up to that time was doing well. She contracted septicæmia and died. Dr. Smith says he has never had a serious case of any nature after the use of forceps; without them he has had four cases of puerperal fever and two deaths. He goes on to argue the question in such manner as to make one believe that the universal application of forceps would be desirable. In the case which Dr. Smith relates where forceps was used in three labors but not in the fourth, and the patient did well after all the labors except the last. Dr. Fry supposes that the same indications for the use of instruments existed in the last labor as in the others, and they should have been used.

Dr. Smith's objection to the use of vaginal douches during labor, and his theoretical ideas regarding the value of the vaginal mucus, cannot have much weight when opposed to the combined experience of obstetricians who have all the opportunities of perfecting antiseptic precautions by observation in maternity institutions. As a matter of fact Dr. Fry does not himself employ vaginal injections during labor unless it is protracted. He does, however, without exception, employ them before and after the use of forceps or any instrumental interference. He does not approve of antiseptic vaginal injections during the puerperium unless demanded by some complication—fetid lochia, fever, etc. He quoted from an article by Dr. Baruch, of New York, the results of a number of maternity hospitals, all of which employed antiseptic precautions. These precautions were much the same in all of the hospitals except one class used vaginal douches during the lying-in, while the other only made use of them when specially indicated. The advantage, as demonstrated by percentage of recoveries, was strongly in favor of the latter.

According to Dr. Smith, if prophylactic douches be given at all, they should be applied into the uterine cavity. This is directly contrary to the chief

rule of antiseptic treatment, which teaches that everything is dangerous that is not absolutely necessary. The dangers of prophylactic intra uterine injections have been demonstrated by Hoffmeier. In a series of cases, over 200 in number, he administered an intra uterine injection as soon as labor was completed, and in another series of about the same number of cases, he omitted the injections. The morbidity was fifty per cent. greater in the cases that were treated by the injections. Even when fever exists, intra-uterine injections should not be used until vaginal douches have failed to give relief. Delay, however, must not be permitted many hours.

Dr. Garnett attributed to cleanliness the success of the antiseptic system. It is, indeed, the basis of that system, but epidemics of childbed fever were not arrested until antiseptics were employed. When Semmelweiss began his labors at the Vienna Obstetric Clinic, he found a maternal mortality of more than 5 per cent. cleanliness, ventilation, and isolation were brought to bear against the disease, and it went up in spite of all to a 10 per cent. death rate. A solution of chloride of lime was employed to wash the hands, instruments, etc., and the performance of operations prohibited, and the mortality immediately dropped to 1.25 per cent. Dr. Smith asserted that an antiseptic solution strong enough to kill germs cannot be used for intra-uterine injection without injury to the woman. A solution of bichloride of mercury 1 to 20,000 is strong enough to destroy the vitality of micro-organisms, and yet it is used for intra-uterine injection in the proportion of 1 to 2000. The excellent results that follow antiseptic treatment are not attributable, as Dr. Smith suggests, to the use of modern and well-built hospitals. The success is equally great in the older institutions, which formerly were scourged by puerperal fever. The Paris Maternity and the Vienna Hospital illustrate this fact.

Dr. Fry had met with but two cases of mammary abscesses in his practice, and suppuration had occurred in these before they came under observation. Dr. Alloway, of Montreal, says he has not had a case of suppurative mastitis since he has been employing antiseptic vaginal douches during and after labor, while before that practice was adopted it was not uncommon. According to the observations of Behm, the staphylococcus and streptococcus are found in the pus of mammary abscesses, and he offers the more plausible theory that they gain access to the gland lobules through fissures of the nipple.

DOMESTIC CORRESPONDENCE

LETTER FROM NEW YORK.

(FROM OUR OWN CORRESPONDENT.)

Diabetes—Large Ventral Hernia—The Aneurismal Diathesis—Glycozone.

At the last meeting of the County Medical Association Dr. Austin Flint made some very interesting remarks concerning diabetes, of which, as is well