

LETTER FROM VIENNA.

(FROM OUR OWN CORRESPONDENT.)

Mortality from Puerperal Fever Before and Since Antisepsis—Parametritis and Perimetritis—The International Medical Congress.

In a recent letter I reviewed the practice of the Vienna school in relation to puerperal fever. I wish now to give some statistics of mortality before and after the introduction of antiseptic precautions.

Paris—1829—Maternité—Confinements, 2788; Mortality, 252.
1831 " " 2907; " 254.

Vienna—1823—During the epidemic of puerperal fever in February, March and April of this year, there were 698 confinements, of which 133 died.

1842—There were 3287 confinements, with 518 deaths.

1846—4010 confinements, with 459 deaths.

In May, 1847, Semmelweise published the results of his investigations, and urged upon Prof. Klein, in whose clinic he acted as first assistant, the necessity of washing the hands in chlorine water before examining lying-in women. Prof. Klein laughed at his assistant, but gave the order. Semmelweise's paper was badly received, and he himself was regarded as a medical crank. See the results:

1846.....	Confinements.....	3352.....	Deaths.....	459
1847	"	3275	"	176
1848	"	3556	"	45
1849	"	3858	"	103

This was the year in which Semmelweise was sent away, and his precautions were not observed. In 1854, 4,393 confinements; 40 deaths. During this year, these details were enforced. The statistics of Prag are still more remarkable. From 1865 to 1874 the old building was used, which was entirely unfit for purposes of hygienic detail, and the mortality was 6.67 per cent., as follows:

Year.	Births.	Deaths.	Per cent.
1865	2576	239	9.28
1866	2673	125	4.68
1867	2368	115	4.88
1868	2712	245	9.04
1869	2505	291	11.62
1870	2249	96	4.27
1871	2329	72	3.08
1872	2210	115	7.01
1873	2189	168	7.67
1874	2346	102	4.35

At this time the new building was completed, and the mortality fell to 0.65 per cent., as follows:

Year.	Births.	Deaths.	Per cent.
1875	2180	60	2.75
1876	2627	30	1.14
1877	2704	34	1.26
1878	2776	45	1.62
1879	3010	11	0.36
1880	2813	13	0.46
1881	2927	7	0.24
1882	2963	7	0.24
1883	2900	7	0.24
1884	2886	7	0.24

These figures must convince any thinking man not only of the value of absolute cleanliness in obstetrical practice, but of the importance and necessity of antisepsis as I have previously described it. Not the excessive practice of some eminent practitioners, that would enforce uterine and vaginal irrigation of an antiseptic fluid, even in cases of normal labor—but the elaborate cleansing of arms, hands and nails, before an examination is made; attention to attire, so that the obstetrician should not wear in the lying-in room the same coat which has followed him in his

many daily calls. The practice of this school speaks volumes, and meets, for so it seems to me, every indication of exactness without being meddlesome. When one compares the low rate of mortality with the indiscriminate examinations made by students and visitors, and bears in mind the unsuitable condition of the building in which both Professors Braun and Spaeth have their material, the results are simply marvellous. It proves that antiseptic obstetrics, under the most unfavorable conditions, is infinitely preferable to any other form of obstetrics, even coupled though it may be with every hygienic detail of excellence in the building itself.

Parametritis and Perimetritis.—I long held with Emmet that the distinction between these two inflammatory conditions was really without any difference, and that clinically they could not be differentiated. For sixteen months I have labored faithfully in this direction, both in Berlin and in Vienna, and have availed myself of enormous material and of every other possible means to enter intelligently into the nice discrimination made by German gynecologists. To this end I made a close study of the connective tissue of the female pelvis, without a thorough knowledge of which no gynecologist can ever hope for a logical conception of para- or perimetric inflammation. To those wishing to make similar investigations I cordially commend Freund's "Gynäkologische Klinik," Strassburg, 1885, as being the most exhaustive and thorough work that I know of. I am gradually being convinced, by actual observation and constant study, that Emmet's statement is too absolute, and that in many cases the two diseases are entirely separable. This becomes more plain to me as I advance more logically in an anatomical survey of the para- and perimetric tissues. I do not disguise the fact that even here in Germany, in the polyclinics, the mistake is often made of confounding the two, and that the nice differential points insisted upon by Freund are often lost sight of, and I also realize that in some cases it is really impossible to separate the two; but I do believe, and that thoroughly, that there are other and many cases in which it is not difficult to make the diagnosis. At least seventy-five per cent. or more of all the women that I have examined in Berlin and Vienna, have suffered from acute or chronic inflammations of this sort, and without any exaggeration I think I may safely say that I have seen in the neighborhood of a thousand such cases. This will savor less of Munchausen to those who have studied in these schools, and who remember that in Vienna alone, in two touch courses per day, one may examine from twenty-five to forty-five women. I have learned to count largely upon the salient characteristics of subjective as well as of objective symptoms. In the large majority of instances—nay, more, according to the anatomy of the parts, it *must* be so that in every instance where the symptoms are relegated to a point just behind the cervix, where the connective tissue is situate around the infra-vaginal portion, the disease is a "posterior parametritis," but where the tenderness and objective symptoms are higher up in the fornix, where the peritoneum dips down, we have to do with a "peri-

metritis." In the former instances only the infra or middle cervix will be fixed—partially or wholly—in the latter, the fundus itself will suffer. Just so we may have a para-cystitis, or a para-kolpitis, or a para-proktitis. In the connective tissue itself the points of exudation may be limited; they may not run into each other, they may not reach the peritoneum, and they may be absorbed rapidly. Perimetritic exudations are situate higher up than those of the parametrium, and are attended with an entirely different symptomatology. The *fornix vaginæ* is not flattened out in perimetritis, as it is in parametritis. Perimetritic exudates are generally situated high up in the posterior cul-de-sac, as one would expect to be the case. The *collum uteri* is fixed in parametritis, and in endeavoring to move it the patient will complain of pain, which is not the case in perimetritis. In short, there are many points of difference between the two, which have been made equally plain to some other gentlemen who have been associated with me in gynecological studies abroad. One must see and study both forms, at every stage of development, and must examine by rectum and vagina. Examine especially the base of the broad ligaments and the cul-de-sac of Douglas; also the left lateral fornix (which is a favorite habitat of perimetritis). It took me many months before I learned exactly where to place the inflammation, but the knowledge came with experience, and from a thorough comprehension of just what is meant by pelvic connective tissue.

I hear of many medical men in Berlin and Vienna who intend coming to the Congress.

A. R. B.