

of watching almost constantly, I thought might be of some interest to at least the younger men of our newborn society, and probably, by the discussion which I hope to elicit, refresh the memory of some of the older members.

I was called during the evening of November 13th last to see Mrs. F. D., aged 24, a healthy, well-nourished woman, who had been confined about sixty hours previously of her third child. Her attendant was an aged woman, who designated herself "an authorized midwife." The patient's face was flushed, and her countenance appeared apprehensive. She complained severely of her head and back aching. There was no tenderness over the abdomen. Her temperature was $102\frac{3}{5}^{\circ}$; pulse, 100; respiration, 24. The lochia was not as profuse as normal, and very slightly offensive. Her bowels had been thoroughly moved during the day by a dose of castor oil given in the morning. She was ordered ten grains of quinine, to be taken at once, and four grains every two hours subsequently, with half an ounce of whiskey every alternate hour, and a vaginal injection of a quart of carbolic acid lotion 1 in 40 every four hours, a new Davidson's syringe being obtained for the purpose. The following morning (November 14th) her symptoms were apparently better. She was in less distress; her temperature was $100\frac{1}{2}^{\circ}$, and pulse 94. The same treatment was continued. When I called again at 4 o'clock in the afternoon her temperature was 104° F., and all her symptoms were manifestly worse. I now felt sure that the case was one of puerperal septicæmia, and urged that the patient be at once taken to the hospital, where she would have attention that it would not be possible for her to receive at home.

Her residence was quite near, and by means of a stretcher this was soon accomplished. About one hour after her removal her temperature was $104\frac{3}{5}^{\circ}$, and pulse 110. She was in considerable discomfort and pain. The lochia was slightly offensive. Before proceeding to explore the uterus and administer an intra-uterine douche, I rendered my own hands aseptic by first scrubbing them thoroughly with soap and sterilized water, and afterwards by immersion in saturated solutions of permanganate of potash and oxalic acid, as carried out at the Johns Hopkins Hospital. My patient was then placed near the edge of the bed upon a Kelly's pad. Her thighs, pubes, and lower part of her abdomen were washed well with soap and water, and afterwards with a 1 to 2000 bichloride solution. A vaginal injection of a quart of 1 to 2000 bichloride solution was next administered, and the vagina and uterus carefully explored, the latter with the finger and dull curette. There were no lacerations or abrasions in the perinæum or vagina, and a very slight laceration of the cervix. A small quantity of débris, slightly foetid, came from the uterus. Another quart of a hot solution of corrosive sublimate, 1 to 4000, was then allowed to run slowly