

hand above the uterus, and by holding the perineum back with the other to avoid leaving any of the fluid behind.

*b. Position of the patient.*—After labour, for a few days she is best kept on her back, and in passing water she should use the knee-elbow position, which will facilitate the drainage of the vagina. To aid in the contraction of the uterus some recommend giving after labour a mixture of ergot, digitalis, and quinine. I have used this combination with advantage.

The above precautions are based upon the view that all cases of puerperal septicæmia are in their origin heterogenetic, that is, the infection comes from without; but of course many hold that in certain cases the disease may originate within the patient's body, or be autogenetic. This type of case is well described by Dr. Macan in his Report of the Rotunda Hospital for 1883. "In cases of auto-infection, the woman is most frequently a multipara, the labour long, and perhaps complicated with a dead and putrid fœtus, or with fibrous tumour or cancer of the uterus, or there has been *post-partum* hæmorrhage from a badly contracted uterus, followed by the formation of clots, or the retention of portions of the membranes or placenta. The uterus being badly contracted, and the abdominal walls very relaxed, air enters the vagina, and decomposition of the contents of the uterus is the result." In such cases, if the fluid does not get away, it undergoes further decomposition, becomes absorbed, and poisons the patient; but on the other hand, thorough drainage and washing out the uterus with a hot 1 in 2,000 sublimate solution, if done early enough, will generally cause the bad symptoms to disappear. But even in such cases, may the cause not come from without, the intra-uterine clots, dead fœtus, placenta, etc., forming a medium in which the micro-organisms from without find a soil in which they

can rapidly grow and multiply? In support of the view that puerperal fever is a heterogenetic disease, I cannot do better than quote the following passage from one of the most brilliant writers of the American Obstetric School, Dr. Parvin: "The doctrine of auto-genesis," he writes, "is a confession of ignorance, the creed of fatalism, the cry of despair. It is more rational when we meet with cases of puerperal septicæmia whose origin we do not know, but which have the same history as others—the source of which we can trace to an external cause, and which have the same revolution and the same infecting power—to conclude that they too come from like sources, though the connecting thread is so fine that it eludes our vision, than to erect an altar to the unknown god of auto-genesis, and imagine we have explained the mystery. Self-infection means that the house sets itself on fire, and that the powder magazine is exploded without any mischievous spark. What security can the practitioner give his patient when the foe which brings swift death is created within her, and when she kills herself? This doctrine of the auto-genesis of puerperal septicæmia is to my mind the very pessimism of obstetric medicine. Why should the city guard its gates when the enemy can already be in the citadel and begin the battle there?"

In those cases, so well portrayed by Dr. Macan, in which some hold the disease arises within the patient's body and in which, a few days after delivery, the temperature rises, with or without a fœtid discharge, I have had admirable results from washing out the uterus with a hot sublimate douche followed by the insertion of one of Ehrendorfer's iodoform bougies; in other words, providing drainage for pent-up secretions, and rendering the parts aseptic.

In connection with obstetric prac-