drainage, and removes small particles of debris that become entangled in its meshes.

I am fully aware that it is a difficult matter to overcome old prejudices. One of the first axioms of an obstetrician is to see that all placenta has been removed, and yet he is one of the first to object to such an innovation as the routine examination with the finger of the interior of the uterus. He sets up for himself an axiom, and condemns the only possible means by which this axiom can be carried out.

And now a few words regarding the so-called infective puerperal fever. I was a believer in the existence of such a fever, but a recent experience has somewhat shaken my faith. For some years I have received from the obstetrical department of one of our general hospitals, cases of sepsis occurring after labor. Some other cases, that have been septic on admission to the hospital, have likewise come under my care. Some cases have proceeded to the development of pus tubes; others have been afflicted with large abscesses, that have opened in different directions; some have recovered after prolonged convalescence; some have suffered from unilateral or bilateral phlebitis; some have had septic fever as a consequence of rupture of the uterus and extensive laceration of the cervix; many have had gonorrheal infection of uterus and tubes, as demonstrated but too plainly by the presence of purulent ophthalmia in the offspring; and from all of these I have had a somewhat large and varied experience.

On a recent occasion I was asked to see one case of fever that had developed in the lying-in ward. The child's eyes were affected with purulent ophthalmia. The case was removed from the lying-in ward to the medical side of the hospital. This was undoubtedly a case of gonorrheal puerperal fever. A few days later I was asked to see another case, confined in the same ward, that had developed a temperature on the eleventh or twelfth day after labor. Up to this time the case had run a normal course. There was no offensive odor from the uterus, there was no excessive discharge of blood, there were no symptoms to indicate the presence of placenta, and there was nothing to positively determine the presence of gonorrhea. The attendants now began to look about for some explanation. The simplest explanation would have been the discovery of a piece of retained placenta, but this was not looked for. The classical symptoms of retained placenta, supposed as they are to be offensive discharge, cessation of the lochia, or increase of the lochia, were not present, and, moreover, the fever did not occur until the twelfth day after delivery, a fact that in most minds would be sufficient to indicate that the septic condition did not originate from the retention of placenta.