

cocci. 2. That, culturally, differences of a marked character distinguished it from other streptococci. 3. That its action upon mice and rabbits was distinct and definite. 4. That it could be distinctly distinguished from the erysipelas streptococcus of Fehleisen and from the *Streptococcus pyogenes* of Rosenbach.—Dr QUAIN remarked that he did not think he could have have mistaken in proposing at the last meeting of the Society that this very interesting paper should be postponed until there was full time for discussing it. The origin of the paper had been from a very generous offer of the Hon. Rollo Russell of £100 for the special investigation of the disease at the Brown Institute. The result has proved eminently satisfactory.—Dr. W. O. PRIESTLEY considered both the paper and the subject important. Some ten or twelve years ago, when a considerable discussion took place at the Obstetrical Society, under his presidency, the subject was more confused, and he had hoped some further clue might be obtained by the microscope, and he had himself suggested the importance of the bacteria in the matter. M. Pasteur, eight years ago, in Paris, had made some investigations into the blood of patients with puerperal fever. He had got various streptococci, which he found could be easily reproduced, as well as the vibrios which ordinarily accompanied pus. Though Dr. Smith had pointed out the difference between erysipelas and puerperal fever, yet he should himself feel it a most dangerous thing to go from a case of erysipelas to a lying-in chamber. His chief point was that he wished to know what were the forms of puerperal fever in the two particular cases from which these streptococci were taken. They were all familiar with diversity of origin in the cases which originated in wounds of the genital canals (sapraemia), and other forms which were imported from without, by such means as the finger of nurse or doctor, and many other means. Much of the interest depended on the form of disease which had been investigated. They were distressing diseases, for they were mostly preventable. Much had been done already, and much more might be done. The mortality at Copenhagen had been re-

duced from 1 in 19 to 1 in 87; in one of the St. Petersburg hospitals there had for long been no case. Dr. Barnes thought that, in spite of what had been done, we were not far advanced in our knowledge of puerperal fever. He had just been going to ask the same question as Dr. Priestley as to the special characters of the cases Dr. Smith had examined. He related a case in which the origin was at first obscure, but in which careful research had shown the disease to be really scarlet fever, conveyed by both doctor and nurse. Such an origin had been possible to discover in the country, but might be very easily missed in London. To the classes which Dr. Priestly had named he wished to add another, namely, the autogenetic cases which were the result of retained excrementitious matters, where some ferment was retained, and produced fever which ought to have been eliminated with the excreta. He quoted some cases in illustration, and expressed a strong belief that it would be found impossible to clear up the whole matter by any germ theories. Dr. Herman felt Dr. Smith's paper deficient in not offering any answer to the question whether all puerperal fever was caused by germs. In his own opinion it was all caused from without, and that that was the case had become tolerably plain from the very great improvement there had been since the use of antiseptics. Roughly speaking, in fact, the diminution was in direct proportion to the antiseptics. It had been well shown that if scarlet fever was introduced into lying-in hospitals, scarlet fever and that alone was reproduced. It required many more than the two cases brought forward by Dr. Smith to show that the bacterium present in them was sufficiently constant to be the cause of puerperal fever. Dr. Routh had little taste for talk about bacteria, and considered the question of how to treat the disease the first and main question; any proof of bacteria should be proof by treatment. He mentioned that he was the first Englishman to suggest the use of antiseptics in midwifery. Mr. J. H. Walters said he had come up from the country for the discussion, and had been disappointed to find it so bacteriological. He agreed with Dr.