by its adhesion, seems to develop less rapidly, all growth is apparently limited to the outer surface, which elongates in folding upon itself, so that it quite conceals the urethral orifice. The form known as "little boy's prepuce" begins development early, but if the operation is made in the first fortnight the incisions in skin and mucous membrane are almost equal in length. In two months' time the prepuce with its infolded skin will be nearly double the size of the mucous lining covering the glans.

As to the time of interference, unless there be retention of urine, as in the two cases I mentioned, I believe that the rule established by Jewish and Mohammedan usage is a good one. By that time all possible septic trouble from the cord is removed, and the mother is too far advanced in convalescence to be troubled by any possible shock to her nerves.

If the prepuce is slit back as far as the corona and the two mucous surfaces separated, there will be no after-trouble, and at three years, save that the glans is uncovered, there will be little sign of the surgical interference. My reasons for advocating this plan are these:

Sooner or later the boy or man will require some treatment similar to this, the splitting of the prepuce or its circumcision. If likely to be required, all things being equal, it had better be done early than late. It is better that the child's system should escape the long nervous strain that the constant preputial irritation gives. If done early the lesser operation gives equally good results, both as to efficiency and appearance.

The points I have endeavored to make are these:

First.—Examine every woman immediately after delivery, and if there is any laceration, even a trifling one, close at once with silk sutures.

Second.—Examine every woman when she begins to move about, and if there be displacement of any kind, anteversion, retroversion, or prolapsus, introduce a proper pessary, with the hope that its temporary use during the period of involution will establish a cure.

Third.—Examine at birth every male infant, and if the prepuce be so contracted or adherent that, with probe and pressure, the glans penis cannot be uncovered, operate by splitting the prepuce as far back as the corona with scissors or bistoury; the chosen time for operation, unless urgent symptoms present themselves, being the ninth day.

TREATMENT OF PUERPERAL SEPTICÆMIA.

Let us now suppose that, in spite of every precaution, the specific poison has gained entrance at one of the numerous door-ways left open in the genital tract between the vulva and the fundus uteri; what are the most reliable means now known to us for checking the advance of the septic disorders which are set up in consequence?

But let me stop here, before answering the question just asked, and explain what I mean by the use of the term specific poison. I do not believe that there is, necessarily, any specific disease germ which gives rise to puerperal septicæmia. It is probably the same germ as that which is the source of septicæmia, phlebitis, lymphangitis in the stump after an amputation, in the wound created by a compound fracture, or in the lacerated tract produced by a gun-shot. But the pathological condition excited appears to me to be entirely different from that putrid absorption which results from the decomposition of a retained placenta, or a putrid mass of blood. Such decomposition produces a toxæmia, violent and dangerous it is true, but which disappears as soon as the offending mass is removed. That of the true puerperal disease at once, or almost at once, diseases the lymphatics and sets up an action which often proves uncontrollable. If the mere presence of decaying animal material in a uterus would produce puerperal septicæmia without the agency of a specific disease germ, we should surely have that affection developing in healthy country localities where the woman are attended by ignorant midwives, but where, nevertheless, it is almost an unknown disorder.

"I," says Hervieux, "who write these lines, declare that in my own country I have within the space of three years attended one thousand cases of labor, and out of that number have lost only one patient!"

And now, in summing up what I esteem the most certain and the most rational treatment of the disease styled puerperal fever, I will be as concise as possible:

As soon as the patient is stricken by the poison, certain very marked phenomena usually develop themselves with great promptness. After a chill or a slight horripilation she is affected by a high temperature, pelvic pain, considerable mental perturbation, headache, pain in the back and sometimes, though not commonly, by nausea and vomiting. We will assume, first, that the attack is a severe one in its inception; and, second, that the patient is in such a position in life that we are not in any way hampered in our efforts to save her by considerations of economy. Having considered treatment from these standpoints, it will, of course, be easy to modify the plan so as to meet the requirements of a mild attack or of a scanty purse.

As the practitioner sits by the bedside of his patient at the commencement of her attack, he is aware that there are points connected with its true pathology which he cannot yet determine. For example, he cannot say whether the case is going to assume the form of septicæmia lymphatica or septicæmia venosa; whether of perimetritis or parametritis; or whether thrombosis of some of the large pelvic or utero-ovarian vessels, or a true parenchymatous metritis is to play the most active part in the siege which has begun. If he fritter