

hardly any part in the production of a heterogenetic puerperal infection. When the instruments have been sterilized, the hands of persons in charge of the confinement become the essential carriers of the infective agents. Menge recommends as prophylactic measures the employment of sterilised rubber gloves for obstetrical examinations and operations, and the limitation of internal exploration. He also suggests that the accoucheur should be limited entirely to obstetrical practice.

PESTALOZZA gave an analysis of the results obtained in the obstetrical clinic of Florence, during the five years from 1895 to 1899, comprising a total of 4015 women. In 1895, disinfection of the vagina in a healthy woman in labour was discontinued.

There were delivered 3847 women in the lying-in department in the five years. These were not subjected to prophylactic disinfection of the vagina, or to vaginal or uterine injections after confinement, even in cases of artificial delivery. Those measures were reserved for very rare cases of women on whom suspicious manipulations or examinations had been practiced before admission. Of the women admitted to the lying-in department, 32 had to be transferred to the isolation pavilion, on account of infectious symptoms of gravity; and these were for the most part women in whom labour had begun some time before admission. Of the 32 so transferred, 30 were discharged cured. To the isolation pavilion, there were admitted 168 women, after having been delivered outside; of these 25 died.

The results of the author's clinical, anatomical and bacteriological researches on 200 women in the isolation pavilion, led him to the following conclusions:—

(1) The aseptic course of the puerperium depends upon the rigorous application of procedures of disinfection of the external genital organs of the woman, and of the hands and instruments of the obstetrician.

(2) Disinfection of the vagina of a healthy woman in labour is to be condemned as superfluous and dangerous.

(3) In cases where doubt as to the aseptic condition of the vagina is justifiable, *i.e.*, in women suffering from infectious disease of the genital apparatus, the best thing to be done is to abstain from vaginal examination during delivery.

(4) Disinfection of the vulva of the patient and of the hands of the obstetrician, is sufficient to obviate all possibility of infection during delivery, but there remains the possibility of a puerperal fever arising from intoxication (*sapraemia*).

(5) An antiseptic system properly managed should also include precautions necessary to limit the possibility of putrid intoxication. That is to say, the prevention of the premature rupture of the amniotic sac,