

cess is to open and drain without any irrigation. It may be noted at this stage that, so far as this paper is concerned, irrigation is absolutely condemned, excepting in cases of sapremia before the fifth day of the puerperium, and in these cases only one irrigation is recommended.

Some years ago it was hoped that hysterectomy might accomplish a cure of infection in certain cases. I have never seen a case in which I thought this operation was indicated, and I don't expect that I ever shall. While I have great admiration for some of the men who perform this operation for systemic infection, and have critically examined their arguments, I now think that for such purposes it is never advisable.

The points touched on in this paper may be summarized as follows:

1. Some symptoms of sepsis always appear within twenty-four hours after infection.
 2. When symptoms are discovered eliminative treatment should be commenced. Calomel and saline cathartics are recommended.
 3. If pain arises, opiates in sufficient doses to relieve should be given.
 4. In cases of septicemia nothing should be introduced into the uterine cavity, especially after the fourth day of the puerperium; but free drainage should be secured.
 5. Salt solutions should be injected into the rectum and under the skin.
 6. Membranous patches should be looked for and treated when found.
 7. Collargol is highly extolled by some surgeons.
 8. Inoculation with bacterial vaccines is recommended in certain cases.
 9. All pus collections should be opened and drained, but not irrigated.
 10. Hysterectomy is not recommended.
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CEREBRO-SPINAL MENINGITIS, WITH REPORT OF CASE.*

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G. M., aged 4 years, a strong, healthy child, with good family history and no previous illness. My purpose in presenting this case is as an illustration of one of the special types described, to call attention to some peculiar features manifesting themselves during the progress of

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