

flurry, would send for the doctor, and then wait for his coming, while the patient would be bleeding to death. Some cases, fortunately rare, nearly always have a flooding, and their confinements are looked forward to by the physician with anxiety. Others again, who may have a fibroma of the uterus, nearly always run this risk, as the tumor interferes with the efficient contraction and retraction of the organ. However, I need not say anything more on this point, as I must not forget I am lecturing to nurses and not medical students.

Septic infection, in spite of all our care and attention to cleanliness, will sometimes ensue. This is an occurrence we all dread. It may show itself about the 3rd up to the 5th day ;—very seldom later. At the end of the week most of the dangers are passed. In some cases it may be earlier, when the patient may have been infected just previous to her confinement. I need not go into all the details of the various methods of infection and the different local lesions accompanying, or I should say resulting from them, as there has been an endless amount of discussion in the profession upon this point ; but I am right in saying the profession the world over are emphatically decided that most of the cases are infected from unclean hands, unclean instruments, soiled linen,—in fact, anything that may be used in the sick room, if not clean, may infect the patient. When infection occurs, there is a period of incubation, and the symptoms will vary and be governed by the character of the local lesion. The patient may be seized with a rigor of greater or less extent, the temperature may go up to 103° or 104° , great heat of skin, a quickened pulse, and she may complain of pain in the pelvic region, which may increase over the whole abdomen. Other cases will only complain of chilliness, with a gradually rising temperature, and no pain. This is only an outline of the beginning of the complication. As a rule, the earlier such symptoms occur after a confinement the more serious will be the case. When these symptoms ensue, do not wait for the physician's visit next day, but communicate with him at once, and in the meantime during the rigor cover the patient with extra blankets, place bottles filled with hot water to her feet and along each side of her, to restore the heat to the surface of the body. Some stimulant with 5 grs. of quinine will also help to lower the temperature. If the lochia be offensive, you can, at the same time, give a vaginal douche of hot water and carbolic acid (1-100) or the boric solution. However, I must tell you in some cases of