

1. It may arise through defective sanitary arrangements in the house where the confinement occurs.

2. It may be conveyed by the nurse.

3. Finally, the accoucheur may himself be the means of carrying the disease. We shall say a few words about each of these sources of infection, and indicate the means by which in each case we may prevent the puerpera being affected.

1. We think the teaching of Dr. Playfair (*Lancet*, February 5th, 1887) as well as the practical experience of many others engaged in obstetric practice, have made it evident that puerperal septicaemia, identical in its symptoms and course with that which arises from other causes, may owe its origin to sewer gas; hence it is of the greatest importance that a house in which a confinement is about to occur should be thoroughly put right, in a sanitary point of view, before that event. If we had proper legislation on sanitary matters, such precautions would be unnecessary, or if even people would take the trouble to get a properly qualified authority to examine the drainage and plumbing of a house they are about to live in, before they enter, many serious illnesses would be avoided. We know that many hold that the only channel through which the poison of puerperal septicaemia can enter the system of one recently confined is through wounds in the genital tract; but, if diphtheria, enteric (typhoid) fever, and certain forms of sore-throat can arise from the foul air of sewers, why cannot puerperal septicaemia take its origin from the same source? Further, it is of importance that the lying-in chamber should be properly ventilated.

2. *The Nurse*.—If all monthly nurses were thoroughly taught to believe in the contagiousness of puerperal fever, and if rigid antiseptic precautions were used in all those ly-

ing-in hospitals in which they receive their training, we feel sure they would soon come to see the immense importance of extreme cleanliness, and look upon the routine of the antiseptic methods not as a drudgery, but as an absolute necessity. A nurse who has an enthusiastic belief in strict antiseptic measures, is worth a dozen who simply carry out the precautions in a mechanical way. I have drawn up the following rules for the guidance of nurses:

RULES FOR MONTHLY NURSES.

1. No nurse who has recently attended a case of puerperal fever, or who has been brought in contact with any one suffering from scarlatina, erysipelas, sore-throat, or any infectious disease, should commence attendance on a new case without, in the first place, communicating with the doctor, so that precaution may be taken to prevent the spread of infection.

2. No nurse should touch, or make any application whatever to a patient without thoroughly washing her hands in soap and water (using the nail brush), and then rinsing them in the corrosive solution.

3. She will be provided with two solutions. *a.* Corrosive sublimate. \mathcal{R} Hydrarg. perchlorid. gr. 154; glycerini 4oz.; Sig. corrosive solution; of this, one teaspoonful added to a pint of water forms the solution 1 in 1,000 for rinsing the hands. *b.* Carbolic solution. Two tablespoonfuls added to a pint makes a 1 in 20 solution. On the washstand she will place a large basin with water, soap and a nail brush, and a smaller one with the corrosive solution for rinsing the hands. On the same table there should also be placed a small bottle with sublimated vaseline (gr.ii, and 1oz.), or a pomade with one part of oil of eucalyptus to seven of vaseline. N. B. All these will be ordered by the medical attendant.