

rupture of the amnion protracted the labor in most cases, and occurred more commonly in connection with contracted pelves than with normal. Expectant treatment was generally sufficient in most cases, both for mother and child. In regard to morbidity, operative interference yielded for the mothers more favorable results than expectancy, and the reverse for the children. The complete results among the 105 cases were exceedingly favorable among the mothers—a mortality of 0.95 per cent.; but not so among the children—31.43 per cent. These results are attributable to the rule observed to place the greater importance upon the life of the mother.

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THE QUESTION OF PUERPERAL SELF-INFECTION.—Jewet (*American Gynecological and Obstetrical Journal*, 1896,) refers in particular to the relation of pus-producing germs primarily present in the body of the pregnant woman to childbed sepsis, and draws the following conclusions:

(1) There is no clinical proof that puerperal infection can occur from normal vaginal secretions.

(2) All childbed infection in women previously healthy is by contact.

(3) Prophylactic vaginal disinfection as a routine measure is unnecessary, and even in skilled hands is probably injurious.

(4) Its general adoption in private practice could scarcely fail to be mischievous.

(5) In healthy puerperæ, delivered aseptically, post-partum douching is also contraindicated.

(6) A purulent vaginal secretion exposes the woman to puerperal infection.

(7) In the presence of such discharges at the beginning of labor the vagina should be rendered as nearly sterile as possible.

(8) Concentrated antiseptic solutions should not be used, and the process should be conducted with the least possible mechanical injury to the mucous surfaces.


(9) In case of highly infectious secretions, the preliminary disinfection should be followed by douching at intervals of two or three hours during the labor.

(10) The safest and most efficient means for correcting vicious secretions is a mild antiseptic douche, repeated once or more daily for several days during the last weeks of pregnancy.

(11) Clinically, the amount of discharge, its gross appearance, and that of the mucous and adjacent cutaneous surfaces, usually furnish a sufficient guide to its treatment.

(12) Probably unclean contact within twenty-four or forty-eight hours is an indication for prophylactic disinfection.

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