that the greatest hope of advance in prophylaxis consists in the general use of sterile rubber gloves. As the laity more and more appreciate that the accoucheur who neglects the use of rubber gloves in his work is careless in his cleanliness, their use will become more general and cases of puerperal infection will become less common. The fear of criticism is a powerful factor in increasing the aseptic care taken during childbirth.

THE TREATMENT IN GENERAL IS BAD.

The treatment of puerperal infection as obtains in general use and as observed in much of the literature is bad if our knowledge of infection, immunity and wound repair is rational. The reason for this is that much of the treatment in general use is heavily laden with a lot of meddlesome and dangerous traditions, and the clinicians as a class have not made use of the knowledge developed by the research men in the study of infections, immunity, and wound repair. The treatment of puerperal infection is now in about as deplorable a state as the prophylaxis of puerperal infection was in the days of Semmelweiss and Holmes. These conditions emphasize the advisability of a closer relationship between the clinician and the research laboratory man.

CLASSIFICATION.

The frequently used classification of "before" and "at term" and "saprophytic" and "non-saprophytic" confuses the subject and it seems to me of little or no use. The infection before and at term is about as much alike as is the infection in a small and a large hand. Saprophytic infection is probably always associated with other bacterial infections and the non-pathogenic bacteria may become pathogenic under the abnormal conditions. The ideal classification would be as to the various varieties of the bacteria involved, but our knowledge has not developed sufficiently to make this practicable. Bacterial examinations of the uterine discharges are contradictory even in the hands of the expert. Blood cultures do not often