

But if on account of certain conditions already given, such as the want of resisting power of the patient, or the extent of the injury received, or the poison introduced, the inflammatory process still goes on, then the patient must be watched and every symptom treated. The treatment must be directed to the following :

1. Preventing the absorption of more poison.
2. Eliminating as much as possible from the system, consistent with the keeping up of the strength of the patient.
3. Preventing pain and securing rest.
4. Nourishing faithfully.
5. Removing and draining away at once any pus that may form.

We will lessen the amount absorbed by a thorough vaginal douching with a bichloride solution, 1-3000, from two to four times in the twenty-four hours, using hot water afterward if thought best.

There will probably be some difference of opinion as to the advisability of using an intra-uterine douche. I think there is a tendency for men to get off the path of the golden mean and go to extremes. For a time intra-uterine douching was overdone : now I think there is a danger of it being underdone. We must be guided by signs. The sign of foul-smelling discharge is, I think, unreliable, for discharges are often bad-smelling throughout and there follows no harm, and often in the worst cases there is no foul odor. Still this sign will assist, especially if after a douche (vaginal) we pass the finger into the cervix and the smell is bad.

There is a sign which guides me most, and it is this : finding the os soft and dilated so that the finger or the double-channelled cannula can be passed in easily ; that is, I think, one of the most valuable of Nature's guides. If there be much in the uterus which should be expelled, she will not close up its mouth. Of course, this is of use only after the contents become bad ; and if we are sure at the first that there is something that should come away, we should remove it at once. Should we find the condition as indicated above, we should not hesitate to explore with the finger, under chloroform if necessary, and scrape away with the finger anything that should come away, and then wash out thoroughly the uterus, passing the cannula through the internal os, but not up to the fundus.

This might be repeated once, or even twice, in the twenty-four hours, this depending on circumstances.

*Elimination.*—Here, also, there may be some difference of opinion. After the bowels have been once thoroughly emptied by a good dose of calomel with salts, enemata only should be used as long as we are satisfied that the bowel is not overloaded. An enema of linseed tea, or turpentine and castor oil, or a mixture of these, will probably accomplish what we desire without repeated purging with Epsom salts.

I think there is especial danger in this last kind of treatment if there is any tendency to peritonitis, as there is apt to be. I think, also, it tends to exhaust the patient as well as worry her by a frequent use of the bed-pan.

I learned to trust, in my cases, to elimination by causing free perspiration by the use of dry heat, followed by a warm sponge bath. This is done by surrounding the patient with a hot blanket, then with hot bottles, etc., till she perspires freely. I have found this soothing to her and followed by good results otherwise, such as a lowering of the temperature, less irritability, and a tendency to restful sleep.

The preventing of pain should be accomplished by the use of morphia, given frequently enough to keep the patient comparatively easy. She should be nourished and stimulated as in any other fever.

If there be any sign of an abscess, pointing either internally or externally, it should be opened immediately and drained. With regard to the treatment of puerperal pyæmia I have had no experience, though I should think early operation wise.

While writing this paper, I was inquiring at the General Hospital for material to use in a way that might be of interest to us. I was very glad to find that a patient who had died there two weeks ago had been examined by Dr. John Caven, and specimens taken by him have been kindly furnished to us for this evening. After the most careful search by Dr. Caven, both in the blood and at the seat of injury, no trace of any streptococci were found, nor in fact any other cocci. Dr. Caven first found what he thought to be a diplococcus, but this afterward turned out to be a bacillus which had