He is then ready for his next examination. My own plan is as follows : On entering the patient's room, and previous to examination, I thoroughly wash and cleanse my hands and nails in simple hot water and soap. I then dry them and immerse them in the perchloride solution, which I have previously prepared. I next anoint my fingers with carbolized vaseline and make the examination. After its completion I again wash my hands in plain hot water and soap, and again immerse them in the mercuric solution. I may say that I never depart from this procedure when attending a case of labor. I am also particular that the nurse should be equally careful about herself. I absolutely forbid her ever to use a sponge or a soiled piece of linen or rag. I am aware that many practitioners advise the use of an antiseptic vaginal douche before delivery. I am not in the habit of doing so. They do it for the purpose of removing those microbes which are normally found in the vaginal mucus, so as to prevent their possible entrance into the system through rents and abrasions of the vagina.

After delivery, every portion of placenta, membrane, or clot, should be entirely removed, and firm uterine contraction secured. Careful inspection of the vulva for lacerations should then be made and if any exist, even though small, they should be carefully washed with a weak perchloride solution and brought closely together with sutures. This point in practice cannot, I think, be too rigidly insisted on, for I feel satisfied that the neglect to repair lacerations is frequently the cause of puerperal infection. By immediate stitching we secure primary union in the large majority of cases, and we seal up those open-mouthed vessels that so rapidly absorb all poison brought in contact with them. I also wash out the uterine cavity with a 1 to 5000 solution of mercury, when for any reason I have had to introduce my hand within it.

The after treatment consists in the use of disinfectant douches every four hours, for just as many days as there seems to be need of them. I will venture the opinion, in concluding this short monograph, that the physician who scrupulously follows out antiseptic midwifery in all its details, will very rarely indeed have to contend with puerperal infection.

The summary of the whole is this :—*Firstly*—Puerperal fever is a preventible disease in the large majority of cases. *Secondly*—By strict antiseptic precautions the spread of the disease may be prevented. *Thirdly*—I believe it to be reasonably safe to attend a fresh case of confinement even when we have a case of puerperal septicæmia under treatment, provided before going to the bedside we change all our clothing and thoroughly wash and disinfect our hands and instruments in a solution of perchloride of mercury. *Fourthly*—I am of opinion that the most frequent channel of infection is *through rents and abrasions* of the maternal passages, and too much attention cannot be given to secure primary union in all cases of lacerations, even when they are small.

PURPURA FOUDROYANT.*

BY DR. J. E. PICKARD, THAMESVILLE, ONT.

In bringing this subject before the Association, it is not with the expectation of adding anything to your store of medical knowledge, but rather from the hope of gaining some knowledge from your opinions and experience, which I hope will be freely given in the discussion.

I will introduce the subject by relating the history of a case that lately came under my observation, the only one of the kind I ever saw.

Charlie B., a bright child æt. fifteen months, had always been healthy, having never had any illness excepting a mild attack of measles when six months old. Was in his usual health upon retiring Saturday evening, April 19th ; was apparently well upon waking early Sunday morning, but in about an hour after was suddenly taken ill, as was announced by a chill.

In my absence from home my esteemed *confrère* Dr. Fraser was called. He reported to me in a short time that he found the child in the following condition : Temp. 102, pulse rapid, and was to all appearances suffering from pain in abdomen. Child pale, and somewhat restless. Had been slightly constipated a short time. He gave the child some treatment and said he thought I had better visit the child when at liberty.

I saw the child at noon, found him very restless but not fretful, face quite pale and with a very

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