

*Digestive disturbances* may perhaps be included in the same category. Food improper in quality or quantity, constipation, acute indigestion, may all cause temporary rise of temperature.

From what I have said, it is evident that there are a great many causes which may produce fever in the puerperal period. The proper differentiation of these causes, so as to arrive at a just diagnosis and rational treatment, is sometimes by no means easy. A high temperature may mean a great deal or it may mean nothing; a thermometric diagnosis is impossible. As septic infection is our great bugbear in obstetric practice, it is perhaps natural that we should immediately think of septicæmia when we are confronted with a febrile temperature. But we should be very careful to exclude all other possible causes before we declare finally for septicæmia and begin radical intrauterine treatment. And how many practitioners now-a-days go to one extreme or the other, either pooh-pooh sepsis and antiseptic treatment altogether, or else (ever haunted by Banquo's ghost) see sepsis lurking behind every rise of temperature. The one extreme begets passive expectancy—the other restless, fussy meddlesomeness. With clearer ideas and broader views our attitude should be calm and confident, our treatment rational.

Of the practical lessons which may be drawn from this subject, the first and most important is *the absolute necessity of rigid antisepsis as a routine practice* if we would secure the best results. If a man is to derive the full benefit from antiseptic theory and practice he must believe in it, he must use it in all cases—in the beginning as well as at the end. To be careless and slovenly while all goes well and then fly to stringent antiseptic measures when things begin to go badly, will not secure the best results. The more a man practises according to antiseptic principles, the more skilful will he become in its details and the greater will be his success. Antiseptic measures often fail because they are ignorantly or unskilfully employed. Here, as elsewhere, practice makes perfect. What are the most important details of prophylactic antiseptic practice which a man should use in his daily practice?

1. Prepare for a case of labor as you would for a major sur-