

days, but as the patient gave every sign of progressing steadily to death, I injected the tincture of iron and repeated it a second time, prompt recovery following.

CASE 4.—Mrs. D., first seen on the sixth day after confinement, when her condition was practically hopeless under ordinary treatment. Three treatments at intervals of twenty-four hours were all that were required to terminate the trouble.

The above cases appear to demonstrate that the treatment laid down is positive and unfailing in its results, for in no case where the treatment was carried out was there other than a successful issue.

LOCAL TREATMENT IN PUERPERAL INFECTION.*

BY ADAM H. WRIGHT, B.A., M.D.,

• Professor of Obstetrics, University of Toronto; Obstetrician, Burnside Lying-in-Hospital, Toronto.

At the last monthly meeting of the Toronto Medical Society I gave some brief notes on the diagnosis and treatment of puerperal infection. On the following day I read Dr. Groves' excellent paper on "The Local Treatment of Intra-uterine Sepsis," which appears in this issue of the CANADIAN PRACTITIONER AND REVIEW, and decided to publish in the same issue my own views on the subject, as expressed at the meeting above referred to.

When signs of puerperal infection appear—such as headache, relative or absolute insomnia, rapid pulse (80 or more), vague impressions of cold, elevation of temperature—commence treatment at once without waiting for the grosser signs, such as very rapid pulse, very high temperature, rigor, delirium, etc. The early or premonitory symptoms, as pointed out by Ferré, have not as a rule received the attention they deserve. Puerperal infection does not show its signs suddenly on or about the fourth day, as described by some authors. The premonitory symptoms as mentioned above always appear not later than the second day. We should carefully watch for such symptoms, and when we recognize them carry out the proper treatment. It is not my intention to refer in detail to diagnosis and general treatment; but I may say that for general systemic treatment I rely chiefly on active catharsis, using especially calomel and epsom salts, with a view to having from four to twelve evacuations in twenty-four hours. A combination of headache, insomnia, chilly feeling, slight increase of pulse and temperature does not of course always mean puerperal infection; but free

* Abstract of paper read before the Toronto Medical Society, February 16th, 1899.