

abortion, after curetting the uterus, abdominal section was performed. Firm adhesions, the result of pelvic peritonitis. The ovaries were softened, the tubes dilated and thickened, resembling sausages, and contained a purulent fluid.

Case 5.—Operator, myself. One year following an attack of puerperal septicaemia, which came on the third day after labour. Not due to putrescence in the uterine cavity. The first examination, four weeks after, revealed a large amount of exudation around the uterus, more to the left side; it gradually disappeared. At the operation, very firm adhesions. The ovaries showed evidence of chronic sophoritis, salpingitis. The broad ligaments were the tubes of studded small cysts about the size of beads.

#### DISCUSSION.

Dr. Gardiner thought ordinary cleanliness gave good results. Too much minutiae would require the attendance of a specialist. It was impossible in all cases to go according to rules. He did not think that traumatic cases in midwifery were worse than others. The source of infection he considered was in the uterus, and not in the small tears. In the last five years he had not had over half a dozen cases in which the temperature was above normal after the third day. He always observed cleanliness after delivery, being careful about the conveyance of infectious diseases. The application of the pad to the vulva he objected to, because it would have a tendency to retain the discharge of the lochia. Instrumental cases were no worse than others, except where severe force was used. In these cases ordinary surgical fever followed.

Dr. Arnott thought Dr. Gardiner misapprehended the line of practice advocated, when he took objection to the application of a pad to the vulva. He understood it was applied to absorb the discharge. He thought the paper set forth an ideal plan of antiseptic midwifery. His operative cases got along as well as ordinary cases. Sepsis occurred where he had not been as careful as he ought about asepsis; and it was the duty of every physician to see that the usual antiseptic measures were taken. In treatment, the introduction of iodine into the uterus, after the use of instrument or the hand, seemed unnecessary if they had been aseptic before use.

Dr. Wilson could not agree on the medicinal

treatment. In some cases, after a few days the trouble found its way into the blood. In these cases medicines had a good effect, e.g., quinine and salicylic acid. In all cases where instruments were used, be careful about asepsis, but to follow the treatment laid down in Dr. Meek's paper, the fees would not remunerate. In his cases ordinary antiseptics only was used, and he had no deaths in ten years. In one case lately where temperature was 102.5, where quinine, etc., had been tried, he recommended salicylic acid, combined with digitalis or ammon. carb. After twelve hours the temperature dropped to 100° and did not rise again. He thought salicylic acid was well worth a trial. He had used 10 gr. doses in twenty five cases and never saw it fail yet.

Dr. MacLaren thought it would be difficult to carry out the treatment as indicated by Dr. Meek in its entirety, but the general principle should be followed. At full term the uterus was in good condition to absorb septic material, therefore treatment should be directed against sepsis. Of late he has frequently washed out the uterus with hot water. In twenty years he had had but few cases of puerperal septicaemia.

Dr. Macallum considered that the mortality should not be taken as the criterion of success. Many cases remained invalids, and in fact suffered a living death. One case where the hand was introduced into the uterus and remained there for three hours, the uterus was washed out with iodine water, and uninterrupted recovery followed. Another case, on the tenth day the temperature was 105° F., and pulse 140. The uterus was curetted, ac. carbolic applied to the endometrium, and then packed with iodoform gauze. The temperature dropped to normal in twelve hours, and remained so. Soda salicylate made fresh at the bedside he found of no effect.

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A physician at Havre, Dr. De Bossy, still in practice, was present at a banquet given in honor of his 100th birthday. His father, also a physician, lived to be 108 years of age.

Baron Albert Rothschild, on the first anniversary of the death of his wife, who died of carcinoma, gave half a million florins for the establishment of a Cancer Hospital in Vienna.