is cut off by closure of the coronary arteries by disease of their walls.

The Sources of Puerperal Infection.—There are few practitioners who have had over four hundred confinements who have not had the misfortune to lose a case from puerperal fever. There are so many ways in which this accident may happen that the wonder is that in spite of all our precautions it does not happen oftener. Dr. Irwin Hance, of New York, believes that in most, if not in all cases, it is due to septic infection of a laceration of the cervix or perineum. I believe that the absorption of disease germs may take place from raw surfaces at any point from the perineum to the fundus uteri. At the meeting of the Canada Medical Association in Montreal eight years ago I pointed out that the seriousness of the case increases with the height of the raw surface, septic absorption from the placental site being much more serious than the same absorption from a lacerated perineum, and I still hold that view. In every case the temperature should be watched, any rise should be the signal for immediate irrigation of the parts with some disinfectant solution, such as 1-40 Condy's fluid, or 1-40 carbolic acid or creolin, or boracic acid, a drachm to the pint, etc. The perineum should be examined in every case immediately after the expulsion of the placenta, and any laceration, no matter how small, should be invariably sewed, with an ordinary needle and linen thread if you have nothing else. Many are in favor of immediately repairing the cervix if it is lacerated, but the majority rely upon strict asepsis and the chance of its healing itself.

If the rise of temperature is sudden and accompanied by a rigor, the case will be a serious one and the uterus is probably the site of the absorption. It should, therefore, be irrigated with an intrauterine catheter and its cavity filled with a long strip of iodoform gauze so as to ensure drainage.

But where does the infection come from? It may come from the husband who has had connection with his wife a few hours before. It may come from a nurse who has had her hands in septic matter before coming to this case, or it may come from the doctor who does not believe in antiseptics. I have had at least one case of each kind, but strange to say the only two deaths in nearly five hundred confinements, were my 326th and 453rd, in which I had taken every precaution. I believe that there is another factor which is not sufficiently recognized and that is sewer gas infection. While I was attending women in the very poorest houses in the city where there were no closets, I hardly ever had a case of puerperal fever It was only when I began to attend women in much be-plumbed and badly sewered houses of the better class that I began to have post partum rises of temperature. On mentioning this fact to Dr. Jos. Price, who is in charge of the Preston retreat, the best arranged lying-in hospital in the world, and where puerperal fever is unknown, he told me that he believed that sewer gas was a very common cause and for that reason all the closets and plumbing in the retreat were outside of the building, and that he had had better results from laparotomies performed in the hovels of the poor than was usual in the best appointed hospitals. I know of an outbreak of diphtheria of the genital tract, occurring in a lying-in hospital where an examination of the plumbing revealed a direct untrapped connection with the public sewer, conveying sewer gas directly into the building.

Dr. E. S. McKee, of Cincinnati, has a short but well written article in the same journal on "Obesity in its Relation to Menstruation and Conception." He points out that very fat women and even very stout men are very often sterile. He thinks that this is one of the explanations of the sterility of the rich and the fertility of the poor. Still more troublesome is the amenorrhœa and dysmenorrhœa which is so common in stout women. The pain, he says, is situated in the sacral region, in the majority of cases,