

same care during and after labor that the careful surgeon would exercise with a surgical operation case. Bearing in mind that the normal acid vaginal secretion is a safeguard against infection, no vaginal douches should be used before labor. Bearing in mind too, that infection comes from without and the carrier of infection is often the examining finger, vaginal examinations during labor should be as infrequent as possible, and owing to the difficulty of properly sterilizing the fingers, examinations should be made with sterilized rubber gloves. Of course if the vaginal secretion before labor should be abnormal (alkaline or neutral) the vagina should be carefully cleansed with soap and water and lysol douches. If labor has been conducted aseptically and the after treatment is aseptic, no post-partum douche should be given for the first week. Even in cases where the surroundings are such that an aseptic and antiseptic technique cannot be secured, it is more than probable that post-partum douching would increase the risks of infection.

Curative Treatment.—So long as we are unable to secure the same degree of surgical cleanliness in obstetrical work as is obtained in surgical work or in the management of obstetrical cases in a well equipped Maternity Hospital, puerperal infection will occasionally occur and curative treatment will be called for. If we should see a case of fever (101°F or higher) following labor it is important to find out if this elevation of temperature is the result of infection or something else. This is sometimes a difficult matter to determine. The symptoms peculiar to the different diseases causing fever must be thought of. In a follicular tonsilitis or an influenza, we usually find symptoms which lead one to suspect the nature of the trouble. Sometimes we have elevation of temperature due to fecal impaction, but this rapidly subsides after clearing out the intestinal tract with a cathartic. Again, fever may be due to breast trouble, and an examination of breasts should always be made to ascertain if the cause is in the mammary gland.

Where there has been more than the ordinary Traumatism during labor we may have what is known as traumatic fever during the first 24 to 36 hours, but this rapidly passes off.

The lochial discharge as it appears on vulvar pads or diapers should be examined. According to Jellett, "The stain produced by normal lochia is red in the centre and gradually fades away becoming lighter in color as it approaches the outer margin of stain. In putrescent lochia it produces a hard, deeply stained edge and becomes lighter toward the centre. If from the symptoms and our general investigation we suspect infection of the genital tract, a careful examination of this tract and pelvic organs should be made under the most rigid aseptic and antiseptic precautions."