culty is found in removing all congealed blood from the hair on the vulva. I have made a practice in such cases of clipping off with my scissors a part of the hair; in this way cleanliness is more easily attained during convalescence. The antiseptic iodoform pad should always be used if there has been any bruising or laceration. I consider a very important part of the prevention treatment is, after seeing that the uterus is thoroughly empty, to see that it is firmly contracted before leaving the house, and on the following three or four days to press gently but firmly the fundus until the uterus contracts, and anything inside is forced out.

The danger of carrying infection from one patient to another under the nails or by instruments, I need not refer to, but there is one source of infection that seems to me may be a fruitful one —that is, the fingers of the physician's gloves, especially if fur gauntlets or lined gloves are worn. In fact, I think doctors should not wear gloves, except when necessary.

The statement made in the early part of this paper that many poisons when introduced are capable of setting up an inflammation, but in the conditions present a specific poison is formed for which are accountable the symptoms and the virulence of the infective matter, is borne out by the result following the infection of a puerperal woman by zymotic poison. Therefore physicians cannot be too careful in preventing infection from this source, and a physician who carelessly goes directly from a scarlet fever or diphtheria patient to a woman either in labor or during the first few days of convalescence should be condemned, by himself at least, as a man-slayer.

I will say but a word or two about the local symptoms of the disease. In a simple *infection* from absorption by abrasions in the vagina, vulva, or perineum, the trouble may be checked early or we may have a vaginitis vulvitis, etc., with the superficial glands in the groin swollen; or when the poison (toxine or germ) spoken of is formed, it is easy to see how the infection is carried from the cervix to the uterus and to the tubes, and then have developing an *endometritis*, a *metritis*, or a *salpingitis*—in fact, in a bad case we can hardly expect to avoid these local conditions, and to have accompanying them a cellulitis and peritonitis.

I will not describe these conditions, for seeing such once is enough to impress them on the mind, and I suppose we have all seen some of these unfortunates. I have never seen a case which was accompanied by such secondary afflictions as metastatic abscesses, or ulcerations of pleura or pericardium, so can say little about them. Nor can I say anything about the formation of those multiple abscesses caused by thrombi becoming septic and conveying the poison to different parts of the body, such as happens in *pyæmia*, and so well described in Dr. Wright's paper a few weeks ago.

I will refer for a moment to the *phlegmasia* following childbirth. Some writers, I think, go too far when they say that all or even the greater number of such cases are the result of septic poisoning. When thrombi form either at the external genitals or at the placental site, and when these thrombi become septic on account of the general condition, or in any way, or where the local inflammation in a septic case extends along the sheaths of the vessels and thrombi are formed as a secondary process, then the phlebitis or cellulitis will be septic, and will take on that form. But where from an enfeeblement or a slowing of the circulation, thrombi are formed even at the placental site, and where the inflammatory process may extend along the pampiniform plexus, the hypogastric and crural veins, or through the spermatics, affecting the vena cava inferior, then the crural, probably that of both sides, one after the other, or together. This might go on, and yet no septicæmia exist. I have had but two cases of this affliction, and in one, at least, I am sure there was no septic poisoning.

Treatment.—When we are certain that inoculation has taken place, our next duty is to find out, if possible, the seat of the trouble. If we are dealing with a primipara, and we know that the placenta has come away perfectly, there has been a good deal of bruising of vagina or laceration of perineum, then probably a thorough douching of the vagina, repeated in three hours and accompanied by a good dose of calomel and 10 gr. of quinine, may end the affair. The vagina and vulva also should be examined closely for ulcerative patches, and if any are found they should be carefully touched up.