

lants should be resorted to, also quinine and calomel. In the *British Medical Journal* for July 3rd, a case was mentioned in which anti-streptococcus serum had been used and patient recovered. The case he mentioned was a very similar one, and recovered without any serum being used. He exhibited a large sized curette, an old instrument revived.

Dr. J. H. GRAY (Fairville) spoke of tedious labor being more liable to puerperal septicaemia. Forceps should be used to assist, and also recommended ergot.

Dr. MURRAY MACLAREN, (St. John), said he would not depend on douches if things were not going well. The parts should be thoroughly inspected, first introducing a speculum. A considerable amount of mucus is not removed by the vaginal douche, particularly about the cervix, so that if a uterine douche followed the vaginal, better success would follow.

Dr. THOS. WALKER, (St. John). When you have a case with high fever, time is often wasted by douching. You do much more in five minutes by using the curette and following up with a bichloride douche. He mentioned one case which had been diligently douched with bichloride, and quinine given for days and still the temperature kept up. Then the uterus was curetted, and temperature went down, not rising again. Always gives ergot after every labor for two or three days. Thinks it closes up the absorbing surface of the uterus and puts the patient in a better condition afterwards.

Dr. D. R. MOORE, (Stanley). We should discard the term "meddlesome midwifery." It is not always wise to let nature run its course. Microscopy has thrown a flood of light on things which formerly were dark. Considers ordinary soaps a mass of micro-organisms. Regards Johnston's aethereal soap a splendid article, following its use with bichloride. Whenever the temperature elevates with a chill or rigor, he removes the source of trouble with a curette or intra-uterine douche.

He mentioned a case where everything had gone on well till the sixth day when she got out of bed against orders, and also on the seventh day. The latter evening she had a marked chill. On the following morning he called and was much surprised to find the patient in such a condition. The lochial discharge had been absent since the sixth day; examined uterus and found it anteflexed; it had not gone on sufficiently to involution and the movements of the body had produced acute anteflexion, thus including the secretions. He introduced a dilator and got out some