

secondary inflammatory processes, but the temperature still varied from 100° F. to 102° F., and the pulse from 100 to 110.

On the morning of November 22nd (the tenth day) the temperature was about normal, but during the afternoon it again rose, notwithstanding the regular use of the intra-uterine douche, to 105° F. at 4 o'clock. She was then given a twenty-minutes' bath, and at 5 o'clock her temperature was 100 $\frac{4}{5}$ °. It gradually rose again, and at 8 o'clock it was 104 $\frac{3}{5}$ °, when she was put into the bath for thirty minutes. At 9 o'clock her temperature was 99 $\frac{3}{5}$ °. The intra-uterine douche was persisted in, being administered every four or six hours.

The following morning at 8 o'clock the temperature was 100° F. It remained under a hundred, fluctuating for a degree or two for the next two days. The douche was continued for two days more and then stopped, the temperature remaining normal. The subsequent progress of the case was uneventful and satisfactory. She was allowed to get up on the 30th of November, and was discharged on the 8th of December.

*Remarks.* Before exploring the uterus, it was difficult to state whether the poisoning was due to auto- or hetero-infection, or both. From the small quantity of debris that was removed from the uterus, I concluded that it was due to the latter.

The principal indications in the treatment of puerperal septicæmia are, first, to check the absorption of any poison; and, secondly, to assist in eliminating that which has already been absorbed. Puerperal septicæmia means the presence of pyogenic organisms in the genital tract, and to combat this disease successfully they must be attacked there. This is accomplished by means of vaginal and intra-uterine anti-septic injections. The intra-uterine douches should be avoided whenever it is safe to do so, but in most cases of puerperal infection they are imperative, and their application should not be delayed too long. The chill that occasionally follows, although alarming to the patient and friends, should not cause any anxiety to the physician. It is usually followed by a sudden rise of temperature, which, however, falls as suddenly. It is well, I think, to caution the patient and friends as to the possibility of a chill coming on, which, if anticipated, will allay their apprehensions somewhat if it should occur. It may frequently be avoided by using the douche slowly and carefully, causing as little hæmorrhage as possible, and draining away all fluid from the uterus.

In other instances I have had slight convulsions follow, and on one occasion, in which Dr. Duncan was present and assisting, the patient became seriously collapsed and unconscious, with a weak, rapid, irregular pulse, and for a time her condition was quite critical, but she soon rallied and recovered without any subsequent untoward symptoms.

I do not, therefore look upon the administration of a uterine douche