

In the evening she felt well, pulse and temperature were about normal, the improvement being due, in my opinion, not to the medical remedies employed, but to the removal of the disturbing cause—the offending nurse.

In another case, I attended a lady of refinement, but very hysterical, who was progressing favourably until the sixth day, when I was sent for at 7 a.m. On visiting her I found her greatly excited and alarmed. She had passed a restless and sleepless night, pulse rapid, temperature 103.5, secretion of milk and lochia normal. She had heard the evening before an exaggerated report of the prevalence of puerperal fever in the neighbourhood; her babe was rather restless, and she thought that she and the little one were going to die. My assurances of their mutual safety had but little effect at first, so I took possession of an easy chair, made myself as comfortable as possible, and determined to remain there until I became master of the situation, although it happened that I could ill afford the extra time required. In our conversation which ensued I managed to get away from the *interesting subject* of the rate of mortality from “child-bed fever,” and in about half an hour my patient was much improved. She had been taking for some days a mixture containing quinine and ergot. I made no change in the medicine, but trusted rather to the psychical, or mesmeric influences, or whatever you may care to call them, left her in a comfortable frame of mind, and found her in the afternoon comparatively well.

In many cases I have found bad symptoms from very slight causes, which produced a disturbing influence on the nervous system, and have discovered that more good could be accomplished by the exercise of a little patience and tact, than by the various methods of pouring in remedies by the mouth and vagina; and at the same time I have in my mind one tedious and rather serious case of metritis, in which the bad symptoms, continuing for over three weeks, were often aggravated by the conduct of a stupid and injudicious, though conscientious nurse: this being only one among many which I could refer to if time permitted.

It is said by some that the fact that these nervous temperatures only last a few hours

proves that they are not septic, but I think that such temperatures often lead to very serious conditions which cannot be distinguished from some forms of septicæmia. It is a difficult matter with our present knowledge to explain such results, but there may be some truth in the suggestion of Dr. Graily Hewitt, who stated at a meeting of the Obstetrical Society of London, in January of this year, that such emotional conditions might cause a momentary relaxation of the uterus, and consequent absorption of septic matter.

If it be admitted that the emotional element exercises such a great influence during the puerperal period, I think the logical conclusion must follow that the idea of looking upon labour as a capital operation is likely to do more harm than good.

The second principle involved in Dr. Thomas' directions, is the advisability of using prophylactic injections. We are told that these injections should be made every four hours after labour begins, and every eight hours after it is concluded. In addition, in six or eight hours, suppositories of cocoa butter, containing three to five grains of iodoform, should be placed under the os uteri, and this *interesting and delicate* operation should be repeated every two or three hours for at least ten days. This means that after a normal labour the bruised and perhaps lacerated vagina is to be invaded from eleven to fifteen times every twenty-four hours, for at least ten days, if the unfortunate patient should last so long. I can see no object for such injections during labour; in fact I think they may do positive harm by washing away the natural secretions, which have a good effect in lubricating the parts, and I see but little force in the idea that such secretions may form a nidus for the wicked little germs which are so much dreaded. It is probable however that the injections after delivery do more positive damage. In the first place they are, as a rule, distasteful to women of ordinary refinement, and may produce those emotional effects which, as I have endeavoured to show, are very injurious.

On surgical grounds, it may be shown, they are decidedly unscientific. This has been referred to by Dr. Baruch, of New York, and