

emboli or the organisms themselves are dispersed by the circulation.

Fever during the puerperium, as has been said before, is not of necessity of septic origin. It is not our purpose to discuss the various causes of rise of temperature in the puerperium which may simulate septic infection. Suffice it to call attention to the necessity of a careful examination of the patient and her environment, mental and physical, before venturing to make a diagnosis of septic infection.

Before such a diagnosis can be made, a careful examination of the genital tract must be undertaken. In order to make such an examination satisfactorily, the patient must either be placed on a table or her hips brought to the edge of the bed. The dorsal decubitus is most convenient, as the Sims position would favour the ingress of air and the return of infected lochia to the cavity of the uterus. The physician having sterilized his hands and all instruments he is likely to require, then inspects the vulva. The condition of the genitals, the odour, colour, quantity of any discharge present must be noted before cleansing the parts previous to making an internal examination. Then separating the vulva, any lacerations about the perineum or orifice of the vagina must be examined. If wounds sutured after labour are found to be infected, the stitches must be removed and the surface of the wound washed clean. The necessity of having any infected area about the external genitals or lower vaginal mucous membrane washed clean, at once is apparent when one realizes that the uterus may not be infected, and if one should pass in a speculum or introduce a uterine nozzle over such areas, it is more than likely that more harm would result than good from such local treatment.

Before exposing the cervix one should be prepared to carry out immediately whatever local treatment may be deemed necessary, and to do this one must have a clear idea of the indications for treatment.

Briefly one has to deal with a cavity, the lining mem-