

to ask that the University of Scotland shall not be disturbed by further and doubtful innovations during so important an experiment following recent and serious changes, and they may do worse than watch a little longer the experiment going on there before they venture upon dangerous innovations for themselves.

On the motion of Sir W. Fergusson, seconded by Dr. Radcliffe Hall, of Torquay, a vote of thanks was given to Sir Robert Christison for his address.

In the evening the President gave a full dress reception in the Music-hall and Assembly-rooms, which was attended by a large number of ladies and gentlemen.

(To be concluded in our next.)

#### RELATION OF PUERPERAL FEVER TO PYÆMIA, &c.

The discussion on the Relation of Puerperal Fever to the Infective Diseases and Pyæmia, opened by Mr. Spencer Wells, at the previous meeting of the Obstetrical Society, London, was resumed on Wednesday evening last. To judge by the attendance of fellows, the interest manifested was very great, the majority of the leading obstetricians being present, and the remarks from the various speakers being listened to with evident satisfaction. A letter from Dr. J. Matthews Duncan, dealing more fully with the subject of the proper conduct of midwifery practitioners in avoiding disaster to patients from puerperal infection, was read. The charge of homicide by infection he regarded as a new one in the history of law, and in the present state of science and practice not substantiated. In ordinary circumstances, he regarded giving up practice for a time, with a view to preventing the spread of puerperal fever, as unnecessary. In nearly thirty years of obstetric experience, in private, in hospital, and in consultation practice, he had not, as a precaution, given up work for a single day. The grand precautionary measures for obstetric practitioners to adopt were: 1, avoidance of the duties of nurses; 2, avoidance of using the hands in *post mortem* investigation; 3, antiseptic cleanliness of the hands and of the dress. The difficulties of determining the proper conduct of obstetricians were not to be solved by officious coroners foolishly sending threatening messages to practitioners, nor by judges giving decisions without due consideration; but by discussion in such a society as the Obstetrical, and by matured professional opinion. Dr. Barnes, on opening the adjourned discussion, remarked that he had listened to the letter of Dr. Duncan with considerable satisfaction. If prosecutions went on, it would not be safe to practise. Respecting puerperal fever, he thought the cases might be divided into two great

classes: 1, Heterogenetic; and 2, Autogenetic. If the excretory organs were in a good state, the patient might resist the effects and throw it off. Mr. Squire thought it was an error to call every case of disease in the lying-in woman puerperal fever. Dr. Brunton thought that, if the poison of infectious diseases were so powerful in producing puerperal fever, it was curious he had not seen it in his own practice. He had before now attended patients in their labours where children were lying ill in the room with scarlet fever, and the parturient woman escaped without any trace of fever. Dr. R. E. Huntley (of Jarrow-on-Tyne), had experienced an outbreak of puerperal fever in his practice ten years ago. Small pox was very prevalent in the neighborhood at the time; but he had never been able to associate scarlet fever with puerperal fever. Dr. C. R. Brown (of Beckenham) had witnessed cases of patients who had never had scarlet fever being exposed to its influence during their lying-in, without showing the least symptoms of it. Dr. Swayne (of Clifton) thought Dr. Duncan's letter was calculated to do much good. He had noticed that cases of puerperal fever occurred more in the practice of some men than of others. As a precautionary method, he thought, a warm bath-washing with carbolic acid soap, and a Turkish bath the next, and a complete change of clothes, to be all that was necessary. Dr. Graily Hewitt thought that puerperal fever was essentially a form or blood-poisoning, of pyæmia. He entirely disbelieved in a form of fever sufficiently definite or precise to merit the name of puerperal fever. There were two classes of cases. In one class there was evidence of the introduction into the system from without of a distinct animal poison, inoculation in fact, conveyed in many cases by the hand. Another class of cases was autogenetic, where the contagion was not introduced from without. Concurrently with puerperal fever, the involution of the uterus was retarded and the contraction of the uterus failed, and thus allowed the pyæmic poison to find easy entrance. Mr. Callender thought there were many points of resemblance between erysipelas, septicæmia, etc. It was a pure matter of speculation to assert that it was due to the influence of some septic matter or poison. He thought it very important that all wounds should be kept strictly from contamination of other wounds. A patient was tolerant of suppuration set up in his own wound, but intolerant of contamination from other sources. Antiseptics were of great service, but cleanliness was equally important. The discussion was again adjourned to the next meeting of the Society in June.—*Brit. Med. Journal.*

OPENING FOR A MEDICAL MAN.—There is an opening for a medical man in the village of Shelburne, Co. of Grey, Ont.