each day until all discharge ceases. The patient will be made to rest in bed for a week.

Our next patient tells us she had a miscarriage three weeks ago, but the discharge has not ceased, and at times hemorrhage has been quite severe. Three days ago she had severe chills and fever. Her temperature is now 103°, pulse 120. The uterus is large, soft, and the cervix readily admits the finger. The discharge is dark-colored and very offensive. This is clearly a case of neglected abortion. The sudden rise of temperature, rapid pulse and offensive lochia, all point to putrid infection. Microscopic examination confirms this diagnosis by excluding streptococci and other septic germs. We feel assured the disease is limited to the endometrium, because saprophytic germs cannot be absorbed into or exist in the blood or in living tissues. If we, therefore, curette and cleanse the endometrium, we remove the source of infection and the absorption of toxines will cease. The patient is prepared as before, and with a large, dull curette we carefully scrape away the retained decidual shreds, decomposing blood clots and other dead tissues in which the bacteria of putrefaction have been multiplying and developing. A small, blunt curette may be used to clear out the cornua. After curetting the uterus is thoroughly irrigated, first with a 1-2000 sublimate solution, then with sterile water. The vagina is loosely packed with gauze and the after treatment carried out as in the first case. It is in these cases of putrid and even septic infection where the disease is confined to the endometrium that curetting gives its most brilliant results.

In cases of puerperal infection following labor we meet with two well marked types—the putrid and the septic. The symptoms and treatment of putrid infection—sapraemia—have been already discussed. Cases of septic infection may be, first,—local, where the germs fail to pass nature's barrier, giving us a localized septic endometritis, diagnosed from sapraemia by the slow onset of the fever, the sudden variations in the temperature, and the presence of streptococci. Here, as in sapraemia, the blunt curette and irrigation are useful, great care being taken not to injure the mucosa or open up fresh channels for infection. Second,—general, where the infection is active and virulent and nature fails to bar the entrance of the germs. They may infect