

which are due the symptoms of the disease, and which renders it so infectious and sometimes so rapidly fatal. I do not think that the difference in the severity of the disease in its early stages in different cases can be accounted for by the previous condition or the resisting power of the patient. This difference in severity may be accounted for by the fact that in one case there is a more suitable soil for the rapid formation of the specific toxine or germ than in another. It is therefore a perfectly preventable disease; if the patient be perfectly well, and there be no poison introduced, then there should be no fever. Hence from lying-in institutions the disease has almost disappeared, while it is not much less frequently seen in private practice. I should not have said, perhaps, a *perfectly* preventable disease, for where there is so much shock as there is at the time of labor, such a diminished power of elimination, so much tendency to the formation of stagnant blood and absorbing surfaces, it cannot be always certainly prevented.

In this disease a physician reflects more glory upon himself and does more for his patient by preventing its appearance rather than by his skillful management of it. How can this be done?

(1) See that the woman before her labor is in as good condition as it is possible to have her.

(2) See that no poison is introduced in anyway.

To accomplish the first, the patient should, during her pregnancy, be encouraged to keep in the open air as much as possible, to take as much as thought wise of a proper kind of exercise (house-work, for example). She should have frequent bathing. Her diet should be looked after and constipation should be avoided.

To accomplish the second, the most careful antiseptic precautions must be observed as regards the doctor's hands and instruments, the nurse's hands and any diapers or cloths used in washing the parts and in use about the patient. The room should be well lighted and well ventilated; a dark, stuffy room is a suitable hiding-place for germs. The occurrence of this disease is more frequent and the mortality is greater during the months of February, March and April, because during these months fresh air, one of the best antiseptics, is excluded from the room. This is especially the case if people try to save fuel and attempt to

have the room heated by preventing the entrance of any cold fresh air or the exit of any foul warm air. The woman should be instructed to bathe carefully the parts with soap and hot water when she first feels her pains.

I think it would be wise to give in all cases anti-partum, antiseptic vaginal douches. This of course sometimes may be impossible. For example, labor may be too far advanced before the patient is seen. It should be given in the early part of the first stage of labor, for inoculation is very apt to take place during the first stage. If the douche be not given in all cases, it should be given when there are indications. A first labor should always be an indication, as should a short flabby vagina, or a vagina from which has been passing any foul discharge.

A careful examination should be made at the beginning, or when thought necessary, but unnecessary examinations should be avoided. I think it a wise plan to keep beside the bed two basins, one with ordinary hot water, and one with a solution of bichloride of mercury, and after the blood is washed off in the first basin, the hands are soaked in the second, and again rinsed in the same before each examination. Especially is this necessary if any attempt is made to hasten dilatation by the finger.

Should a physician find it necessary to attend a *post-mortem*, or be in the dissecting-room, and then go to a confinement, great care should be used.

Under ordinary circumstances I do not think a vaginal douche is necessary immediately after labor. I do not think there is any danger for the first forty-eight hours, but on the second day I think in all first cases, and in other cases where there are indications, a douche should be given of bichloride of mercury solution, followed, if thought best, by some hot water. This douche would not need to be repeated more than once or twice, unless there should be some reason. No intra-uterine douche should be used except where there is some special cause, e.g., the extraction from the womb of some putrefying substance. With regard to the use of the intra-uterine douche in a later stage in either labor or miscarriage, I will speak shortly. The perineum, if torn, should be carefully stitched up at once. The parts should be thoroughly cleansed. Sometimes a little d.ffi-