calling of fortune telling inside of ten days. I once saw in consultation a case of true septicæmia, that followed a protracted and severe delivery, ending instrumentally and with a complete laceration of the perineum; and although proper antisceptic precautions had been taken, the extensive wound had been left open; absortion was rapid and fever the result.

Five years ago I confined a patient who gave a history of having had, as she termed it, inflammation of the womb after each labor. On this occasion pelvic trouble supervened eventuating in an abcess which discharged per vaginam.

The predisposing cause evidently had been in existence at the starting point of the disease.

One instance I have seen of an attack of puerperal peritonitis having followed communication with a patient suffering from phlegmasia dolens with pulmonary complications; and one of septicæmia in the same manner related to another of multiple abcess; and, to me convincing proof of the highly infectious character of most forms of puerperal fever and inflammations, lies in the fact that I know of two cases of pelvic peritonitis, one of pyaemia, and two more of endometritis, having all been conveyed from a single case of septicæmia.

I need not narrate further; these cases will suffice as examples, and knowing the causes that usually operate we are in the best position for meeting them before results appear.

I hope I have not trespassed too far on the time of this meeting and shall conclude with the mention of a few salient points, which statements, from their necessary brevity, may possibly have the appearance of dogmatism.

1st. There may be some doubt as to the risk of infection in certain childbed inflammations, the natural outcome of local lesions without septic changes.

2nd. Defective excretion, an impure or impoverished condition of the blood, protracted labor, excessive hæmorrhage, the deep and hidden situation of wounds such as are apt to occur during delivery; the enlarged lymph spaces of pregnancy, hypertrophied veins and lymphatics and these bathed in the lochial discharge—not the best antiseptic fluid, all act as predisposing causes; and the last named histological conditions render the patient more prone to take on puerperal fever, than exposed wounds either surgical or accidental, to be followed by septicaemia.

3rd. Puerperal fever in most, if not all its types is essentially a putrid disease, closely allied in its origin to erysipelas, scarlatina, etc., and is not only eminently infectious but capable of being transmitted through fomites to which it may adhere for a considerable period of time.

4th. Prior to delivery the patients' health should be maintained at the highest possible standard in order to repel any unforeseen attack.

5th. A lying-in chamber should be in as sanitary a condition as though there was a possibility of Cæsarean section becoming necessary.

6th. During the first stage too frequent examinations are to be avoided as well as the pernicious practice of forcible digital dilatation, excepting when indicated by special circumstances; and should instrumental aid be necessary the use of Barnes' bags is less liable than sponge tents to be followed by absorption.

In the next stage, bearing in mind the possible remote consequences, all manual and instrumental interference should be in the cleanest manner, and so arranged as to produce but trifling lesions. The afterbirth if watched properly and left chiefly to the efforts of nature will be more likely to come away in its entirety; and in removing it from the vulva my experience has been that unless special attention is given, portions of membrane are very apt to be left behind in the vagina, or worse still in the uterus, and thus become the source of anto-infection.

During the whole course of his attendance I do not know a duty more incumbent on the accoucheur than that of securing perfect and permanent emptiness and contraction of the uterus.

7th. Too often after delivery the various excretions are neglected, especially the urinary.

8th. Vaginal irrigations, provided that due care is taken to avoid forcing offensive fluids back into the uterus, are never objectionable, and should not be omitted if there is unnatural odor. Owing to the posture of the patient, drainage is not assisted by gravity; in the heated vagina the lochial discharge is apt to lie and decompose; in the majority of cases hidden abrasions exist and absorption is easy.

9th. Intrauterine lotions are indicated after manual delivery and artificial extraction of the placenta.

10th. The strictest antiseptic precautions should