

cases, and the easiest way to excuse the fault is to set down all the trouble at the door of some mysterious miasm. The cleanly obstetrician will occasionally meet with a case of septic infection. If he does meet with such a case, after having taken every precaution, and after having satisfied himself that it does not arise from traumatism, from retained placenta, from inflammation or rupture of some intra-pelvic tumor, he must, in all justice to himself, put it down to the non-preventable cause, the cause for which someone else is to be blamed, namely, the presence of an acute or subacute gonorrhea in the vagina of the mother from a recent infection.

Peculiarities oftentimes run in groups. When the hand of death steals into one's practice, it is oftentimes seen not in an isolated case, but several households are visited about the same time. When rare cases are met with they are often met with in groups of two or three, seen within a very short interval of time. It may also happen that when sepsis follows labor, it may occur in two or three cases within a short period of time. These invasions may be due to a temporary carelessness on the part of the practitioner, and this carelessness may consist in either unskilled delivery of the placenta, or a lack of proper aseptic precautions. That the germs of infection are carried about in the clothes of the doctor from one lying-in woman to another I can scarcely believe. If, however, the accoucheur is not particular about his dress, he will be equally careless about details of vital importance. A portion of retained placenta or membranes may have originated the febrile condition, and may have escaped from the uterus before a thorough examination of the interior of the organ is instituted. Occasionally it may remain for days and weeks without giving rise to any symptoms that indicate its presence, except purulent discharge or hemorrhage.

Before a conservative profession will be willing to adopt the routine practice of carrying out a digital examination of the interior of every uterus after delivery, many experiments must be carried out. The germs of the lochia must be studied and the discharge must be taken from the interior of the uterus for this purpose. The presence or absence of gonorrhea and the germs produced by it must be ascertained in every case if experimental clinical research in this direction is to be of value. But, up to that time when we shall have sufficiently perfected our technique to permit of the introduction of the finger as a matter of routine, we must certainly place among the golden rules of obstetrical practice the following: Whenever elevation of temperature takes place subsequent to delivery, explore the interior of the uterus with the finger to clear up the diagnosis of the case.