

ceptible to either sight or touch, it is a safe precaution to use a vaginal douche, carbolyzed one in forty, or of corrosive sublimate, one in two thousand, and preferably in a continuous stream from a rubber bag or other form of fountain syringe.

Lesions of the vulva or perineum, too small to require operative interference, are recommended to be mopped with a mixture of equal parts of Monsel's solution and tincture of iodine in three or four times as much water.

It is taken for granted that the placenta and membranes have been carefully examined for evidence of retained portions, especially when removed artificially.

The question of intrauterine irrigation has had its ardent disputants, and while there is much to be said on both sides, it seems reasonable that they should be resorted to after all manual operations for the removal of the child or the after-birth. I have never seen more than a passing chill produced by them when properly applied, although more serious results do occasionally follow, but I am sure I have witnessed cases in which there was much regret for their omission.

A flabby uterus means a host of exposed absorbents ready for whatever comes along; it also predisposes to the retention or subsequent formation of clots which naturally become putrescent, and no one should pay a second visit to his patient without ascertaining its approximate size by external manipulation.

Ergot, which is often given after the birth of the head, is indicated here after the clots and imprisoned discharge have been removed.

Sudden increase of the lochial discharge and a return to its sanguineous character at any stage of the lying-in period often points to retention.

In some hospitals the laudable custom is followed of using antiseptic absorbent pads instead of the ordinary napkin for the vulva, but for obvious reasons this is not often feasible in private practice.

During the progress of septicæmia but few bacteria are found in the blood, while they exist in abundance in the urine, which would go to show that they are removed from the circulation to a large extent through the kidneys.

Perhaps the attention often given exclusively to the bowels during the first few days after childbirth, if directed in part to the other emunctories,

might occasionally obviate an attack of puerperal fever.

I have never found a good drink of water—even Toronto city water—bring on an attack of puerperal fever, and although common prejudice opposes its free use in the lying-in chamber, it cannot do otherwise than aid in the elimination of effete material. Sewers must be flushed out occasionally for sanitary reasons.

In former years when the antiphlogistic treatment was carried to its extreme point of tolerance in surgical cases the patients were more prone to inflammatory and febrile complications than nowadays. It is a well known fact that venesection favors absorption; hungry blood vessels take whatever they can get, good or bad; therefore a fairly generous diet would probably conduce to the lying-in woman's welfare and safety.

I did not take notes in every instance, and must draw from memory in referring to causation in a few of the cases I have seen in my own practice and in consultation with others. Although I think it quite possible, I have never witnessed the conversion of the scarlatina poison into the puerperal. On two occasions against my own convictions I was forced by unavoidable circumstances to deliver the mother in a room adjoining one in which lay children in the midst of scarlatina, and this was followed by no untoward consequences. A patient of mine had been in abject poverty up to the time of delivery; together with this her mind was much depressed on account of some grave family matters. After having given birth to twins without much difficulty or any injuries that I could find, and with antiseptic precautions, a fatal attack of peritonitis followed. The only predisposing causes that I could discover were those already mentioned and the unsanitary condition of the house which was unavoidably incapable of proper ventilation. In contradistinction to this I may mention that some years ago in the month of November during the whole of one cold night I literally danced attendance on a gipsy in her confinement which, considering that it took place under a tent of thin oiled cotton, was quite as tedious for me as it was for the patient. There was ventilation without measure and perhaps as scientific as could have been obtained, with the best hospital equipment; I never saw a more satisfactory recovery, and the gipsy was at her old