

It was moved by Dr. COULTHARD and seconded by Dr. JONES that the report be received and adopted. This was carried.

A very interesting discussion then ensued concerning the spread and transmission of disease, especially tuberculosis, through the agency of dairy milk and diseased meat. Those who took part were Drs. JONES, MURRAY, GILCHRIST, G. A. B. ADDY and NUGENT.

The discussion on the Causes and Treatment of Puerperal Septicæmia then followed.

Dr. M. A. CURRY, (Halifax), in opening the discussion said that for a long time puerperal fever was a vague term. It is now known as a septic condition caused by the entrance of germs or their products in the vagina. Defective cleanliness in the patient, her body or clothing, also in the doctor, especially his hands, or about the nurse,—were causes of puerperal fever. Auto-inoculation—as the contents of a pyosalpinx coming in contact with an abraded surface. Also gonorrhœa—producing a septic condition. No doubt puerperal fever is heterogenetic in origin and is preventative. In its etiology, bear in mind three chief factors, 1st the germ, 2nd the means by which it can get into the system, and 3rd the effects produced in the system. It must be remembered that the vitality of the patient is lowered during the last month of pregnancy. It is therefore important, (1) to build up the system to prevent the germs from getting a chance to live, (2) to make as few examinations as possible to prevent the chance of rents or lacerations, and (3) to have good hygienic conditions carried out properly by a good nurse.

Treatment.—If constitutional symptoms be severe, overcome depression by stimulants, forced feeding and tinct. ferri mur, which he believes has considerable effect.

Local treatment.—First thing is to examine. It is wrong to use a routine treatment of intra-uterine douches, but no harm in a vaginal douche of bichloride or carbolic. Introduce speculum, touch suspicious spots with strong carbolic and dust on iodoform. If the cervix looks clean and no discharge from that part, then you are pretty sure there is no poison in the uterus. If on the other hand there is a lacerated spot on the cervix and foul discharge, then it is wise to use intra-uterine douches. If no improvement follows from this, thoroughly curette the uterus and wash out with bichloride. The trouble is we do not act quickly enough in many cases. If the inflammation becomes localized and