these cases, it will be necessary for us to know something about the nature and causation of the trouble.

To consider every case of fever occurring during the puerperal period puerperal septicæmia is a mistake. We may have typhoid coming on shortly after labour, and in its symptoms so closely resembling a case of puerperal septicæmia that nothing but the post-mortem will clear up the diagnosis. A case of this kind I saw in New York several years ago, coming on two or three days after labour, when Prof. Lusk made a diagnosis of puerperal fever. The post-mortem revealed nothing abnormal in the pelvis, but "Peyer's Patches" showed characteristic signs of typhoid.

Besides typhoid we may have other fevers dependent on causes operative as well in the non puerperal condition, as scarlatina, malaria, etc. Again, I consider it a mistake to consider all fevers directly due to and following labour septic. We may occasionally have fever due to traumatism, and entirely independent of sepsis, though I must admit that, so far as my personal experience goes, the trouble in traumatic cases is usually of short duration, and the symptoms not very alarming where careful asepsis and antisepsis have been observed in the management of the case.

The cases which more directly interest us tonight, however, are those due to septic infection, and in these cases it is my present belief that, excepting those cases due to pre-existing pelvic or abdominal trouble, as salpingitis, pyosalpinx, appendicitis, etc. (and it is well for us to note here that, from records of some hospitals, a large percentage of fatal cases were found, post-mortem, to be caused in this way), if we except these cases, the sepsis is invariably introduced from without through some lesion in the genital tract. I feel safe, too, with our present light on the subject, in making the statement that the attending physician, the nurse, or the uncleanly surroundings of the patient are, in every instance, responsible for the infection.

That the sepsis at the start is local, is my firm belief, though it may very quickly become a rapidly fatal general blood infection, or may become a localized inflammatory process in any part of the pelvic or abdominal cavity, with little general blood infection. The site at which the sepsis begins I will merely touch upon. I have already referred incidentally to cases, the result of pre existing pelvic and abdominal trouble. Excepting these cases, sepsis may commence at the site of any lesion along the genital tract, though I believe in nearly, if not all, serious cases of general blood infection and serious pelvic and abdominal inflammatory trouble, the site from which the septic process started is the uterine cavity, because drainage is less perfect here than from the lower part of the genital canal. In the majority of cases where wounds of the cervix and lower part of the genital canal become infected, the process becomes localized in and near the wounded surface.

By what avenues may the poison be carried upward from the original local site is a question of some importance in treatment.

It may pass up through the tubes and infect the peritoneal cavity. It may pass directly into the circulation through the veins at the placental site. It may be taken up by the lymphatics, and general or local infection follow in this way. With regard to the nature of the poison, I am with those who believe there is a difference in degree of virulence in different cases.

We now come to the subject proper for discussion, viz., "the prevention and treatment," and of this the most important part is prevention. If we will but bear in mind that the sepsis is, with the exception of those cases due to pre-existing abdominal trouble, invariably caused by imperfect surgical cleanliness in the management of cases, we will understand, if we understand what true surgical cleanliness means, how septic infection may be prevented.

I consider surgical cleanliness of as much importance in the management of lying in women as it is in the performance of an abdominal section, and when every person concerned can be brought to realize the fact, puerperal septicæmia, with the exceptions mentioned, will become a thing of the past. But how are we to secure true surgical cleanliness? I know it is not an easy task in some cases, but with the majority I think we can manage it.

Fresh, pure air cannot always be secured in overcrowded tenement districts in large cities, but generally it can be so filtered that very little poison can reach the wound in the genital tract from this