

masia dolens been observed. In two cases gonorrhœal salpingitis has developed in *puerperio*. In one—an out-patient—peritonitis succeeded, laparotomy was done by Dr. Longaker, the diseased tube removed, and irrigation practised. The patient was in *extremis* before the operation, and died shortly afterward. In one case an old pyosalpinx induced purulent peritonitis and death, without operation. These cases are mentioned to show the variety of conditions usually classed as “puerperal fever.”

Where a diagnosis of puerperal sepsis is made, local irrigation is instituted at once, irrespective of the odor of the lochia. Where the temperature does not exceed 102° F., vaginal irrigation alone is practised. This is for the reason that infection takes place in the majority of cases through lesions of the vagina or vulva, and only exceptionally from within the uterus. Corrosive sublimate solution (1-2000 to 1-4000) is used. The irrigations are repeated at intervals of three or four hours by the nurse. Where the fever does not subside in from six to eight hours, or increases, the uterus is washed out by the physician himself. This necessitates a digital examination, when bits of placenta or membrane, if present, are removed by the finger. The dull curette has been used to some extent, both for diagnosis and the removal of foreign material from the uterine cavity, and is regarded with favor. But no mere instrument can give the information derived through the sentient examining finger; nor will any inflict so little traumatism in the removal of foreign bodies. The uterine cavity is examined only after vaginal irrigation, lest having previously escaped, it be infected by the septic vaginal discharges carried on the finger. The modified Bozeman canula is used. A hundred grain iodoform pencil is left in the uterus. This slowly disintegrates and is present in the discharges for two or three days. After this thorough disinfection, the fever, especially if due to putrid absorptions, usually disappears. Otherwise vaginal irrigation is continued as before; and should new chills occur, or high temperature continue (above 103° or 104° F.), the uterus is again washed out and the iodoform pencil left in as before. The woman need not be disturbed during the manipulations. The vaginal irrigation is discharged in a bed-pan, then the canula is introduced within the uterus along the finger, as a guide. All air is previously expelled and the stream allowed to run during the introduction. Irrigation is continued until the stream returns clear—from one to three pints are necessary. After removing the canula the uterus is grasped and made to expel all fluid, and the perineum slightly retracted to insure its discharge from the vagina. Dr. Wilson sometimes irrigates through a speculum. No case of serious mercurial absorption has occurred. Salivation was induced in one case. No case of iodoform poison-

ing has been seen. Not infrequently after the intra-uterine douche, and quite commonly after the removal of more or less putrid material from the uterus, a chill and rise of temperature results, which soon subsides. This is partly due to nervous shock and partly to the temporarily increased absorption of poisonous material, caused by abrasions produced during the manipulations of the finger, curette, or irrigator.

In those unfortunate cases in which fever continues in spite of treatment, it becomes a question, after several days, whether irrigation is of further value. Fœtor of the lochia is a constant indication, but it is not apt to be present after the removal of foreign matter and thorough utero-vaginal disinfection. In the presence of marked parametritis, without special indications, to the contrary, the vagina alone should be douched.

On one case diphtheritic patches occurred on the fourchette. They were treated by the application of pure carbolic acid, followed by iodoform.

Turpentine stupes, and at times poultices, are used in cases of metritis or peritonitis, with tenderness on pressure, and tympany.

Constitutional treatment, while considered in the majority of cases of secondary importance to local measures, is by no means neglected. Nor is it forgotten that in the cases in which marked invasion of the tissues and vessels by germs has taken place (before local antiseptics could cut off the supply), it is the only means of favoring a successful issue. The indications are to support the strength, combat hyperpyrexia, and meet special complications and symptoms. It is a problem of “the survival of the fittest” between the host and the invading germs.

Proper alimentation is of the highest importance, especially in protracted cases. Milk, given in quantities that can be assimilated, is largely depended upon. In irritable stomach, lime water or whiskey is added. Beef tea, nutritious broths, and the various nitrogenous prepared foods are used as adjuvants, or where milk disagrees. Quinine in divided doses, not exceeding fifteen grains daily, is believed to conserve the strength. Whiskey is given as indicated. Most cases at all protracted, require it early, and can take it in large amounts. The first sound of the heart is the most reliable criterion by which to be guided in its administration. Brandy is at times substituted, and champagne is used where troublesome and otherwise uncontrollable nausea is present. The administration of spirits is considered of great value in combating septic fever.

Hyperpyrexia (approaching 104° F.), unless transient, is met by antipyrin (grs. xv to xx) repeated every hour or second hour, until the temperature falls below 102° F. The pulse is always watched during its administration, and stimulants given if necessary. In two cases, which subse-