tice, the question is being frequently debated in the medical journals, "How soon after being exposed to an infectious disease may a practitioner take charge of a confinement?" Dr. French, [3] Minneapolis, sent a memorandum asking, "How soon after exposure to sepsis may the accoucheur safely resume practice?" to a number of the leading members of the profession in America and Europe. Some replied (Thornton, Savage, Hegar) that time was a necessary factor, accompanied, of course, by thorough cleansing; while others (Emmet, Thomas, Marey, Battey, Goodell, in America, and Martin, Schroeder, Volkmann, Nussbaum, and Esmarch, on the Continent) replied that time was non-essential, and that thorough disinfection can be at once accomplished. Esmarch, in his letter to Dr. French, writes as follows: "If you have thoroughly disinfected yourself, you can immediately enter upon obstetric practice. Time does not destroy septic dirt." Before the use of antiseptics in midwifery, if a practitioner came across a case of erysipelas, scarlet fever, abscess, etc., he was advised to give up his obstetric practice for a time, a very comforting piece of advice to a struggling medical man, and all the more galling when he observed, if it were a consulting physician who tendered this opinion to him, that the latter did not hesitate to see cases of scarlatina, measles, pneumonia, in the same day; while if he were a surgeon who recommended the same course, he did not give up his practice for a time, or hand over his operations to another, if he chanced to have a case of erysipelas or pyæmia. Further, in many country districts, it is impossible for the general practitioner to take such a course. My own opinion is that a thoroughly conscientious man may, after having attended an infectuous case, if he change all his clothes, if he take a warm bath, if he use most rigidly the antiseptic methods, soon resume obstetric work. Those who employ the antiseptic precautions will feel they have used every means to prevent the carrying of the contagion to their patients.

It has been said that the best way to prevent *post-partum* hæmorrhage is to act in every case as if its occurrence was imminent; as a result, those who now manage the third stage of labour in accordance with modern obstetric teaching have few cases of this complication. May I suggest, in conclusion, if in our midwifery practice we regard puerperal septicæmia as likely to develop, in every case we ought to take all precautions: first, to prevent the poison (be it micro-organism or not) reaching the patient; and, secondly, to destroy the poison if it comes in contact with the patient before it enters her blood and tisues. This is the aim of antiseptic midwifery.

[NOTE.—Notwithstanding the advantages claimed by Dr. Byers for corrosive sublimate injections into the vagina and uterus, we do not hesitate to say that after the cases recorded of fatal results from its employment, the medical man who uses bichloride for this purpose assumes a grave responsibility. We believe its internal application to the vagina or uterus in obstetric practice is unjustifiable It is possible, nay probable, that the fatal cases recorded were consequent on the use of a stronger solution than that of 1 in 2,000. It is not every chemist's assistant who bears in mind that a life is balancing in the scale he is measuring with, and more especially for injection purposes, he may be fatally careless as to quantities.—ED.]

2. On Mercurialism in Lying-in Women undergoing Sublimate Irrigation. W. R. Dakin, M. D., Obstetrical Transactions for 1880.

3. Journal of American Medical Association, July, 1885.