

When I saw the patient I told the house surgeon that these signs amounted to but little in my estimation, and that in all probability there had been a piece of placenta retained. The cervix was closed, and the case had run on so long and was so ill that I determined not to interfere.

A few days later a young woman, who had been in the institution for some time before delivery, on the twelfth day after delivery, and with an afebrile interval, became profoundly septic. The night before I saw her the temperature had raised to 104. She was removed to the medical side of the hospital, and placed upon the table for examination. I passed my finger up into the uterine cavity and found a large piece of placenta. The house surgeon was called and asked to prepare himself for its removal. The patient was anesthetized, the vagina thoroughly douched, the uterus drawn down by a vulsellum forceps, the finger introduced through the patulous os and cervix, and slowly but surely the firmly adherent placenta was detached. The uterine cavity was then disinfected with a bichloride solution and packed with iodoform gauze. The vagina was also packed. Within twenty-four hours the patient's temperature dropped, and has never raised since. The subsequent convalescence was uninterrupted.

Before the placenta was discovered the fever in this case had been attributed to contagion. Preparations were being made to turn all the patients out of the lying-in wards, and to thoroughly disinfect them. After the discovery of the placenta a flood of light was thrown upon the matter and the contagion theory was abandoned.

I have never been able to understand how a contagion can float around the lying-in room and invade the genital organs of the parturient woman. One can readily understand the conveyance of poison by direct contact from basins and towels, from soiled bed-clothes and soiled fingers to the genitals, but I refuse to believe that this miasm, or poison, is carried in the air up to the closed labia, closed vagina and closed uterus of a woman from whom child and placenta have just been discharged.

I do believe that the introduction of foul air into the opened abdomen may have a very serious effect upon the subsequent course of the convalescence, but in this case the air is admitted, and comes in contact with the exposed intestines. The two cases are, therefore, not at all parallel.

It generally happens that, when the air of an institution is kept foul for want of proper ventilation, many other matters are just as carelessly looked after, and many other things are just as foul as the air, but the bad ventilation gets the blame for it all. The dirty obstetrician will have numbers of septic