The germ theory has done more for obstetric medicine than what I have here alluded to. It has revolutionized the treatment of that variety of septicæmia which has been called puerperal fever. No longer do we depend in the treatment of this affection upon quinine, opium, and the application of emollients over the abdomen. By intrauterine injections the cavity of the uterus is thoroughly and repeatedly washed out with solutions of the bichloride of mercury 1 to 2000, or with a two and a half per cent. solution of carbolic acid. Surely no one who has experience in the new and the old methods will cavil at my statement that a great improvement has been effected by the former.

Were I called upon to sum up the treatment of a *declared undoubted* case of puerperal septicæmia, marked by the usual symptoms of pulse of 120, temperature 105° or 106°, which would meet the requirements of our time, I should give it categorically thus:

1. Quiet all pain by morphia hypodermically.
2. Wash out the uterine cavity with antiseptics.
3. Lower the temperature at once below a hundred, not by the barbarous method of the cold bath, but by the far better one of the coil of running water.
4. Feed the patient upon milk and nothing else, unless some good reason exists for changing it.
5. Exclude from her room all except the nurse and doctor, keeping her as quiet as possible.

Although the subject of extra-uterine pregnancy has attracted attention from the earliest days of medicine, it is only of late years that it has been carefully studied, its diagonsis put upon a firm basis, and its treatment systematized. Laparotomy, with its wonderfully beneficent results, has been brought to bear upon these cases before and even after rupture of the vicarious fœtal nest. By this procedure Jessup, of England, has succeeded in delivering at full term a child developed in the peritoneal cavity and saving at the same time the mother; and by it Tait, of the same country, has saved four women after the fœtal sac has ruptured. But it is to the fœticide powers of the electric current, first used by Allen, of Philadelphia, and then by Landis and Reeve, that the safety of such cases can best be trusted. This method is harmless to the mother, even if an incorrect diagnosis be made, and effectual in producing fœtal death if the diagnosis be correct. The number of lives which have already been thus saved is quite large, and is daily increasing. And these are lives which in former times would have been sacrificed to inattention, or want of power in diagnosis, or a lack of reliable remedial measures, even if diagnosis were rendered pretty certain.

It must not be supposed that in the olden time no cases of extra-uterine pregnancy were saved. In making my statement I allude only to the systematic management of cases in their early periods, both as to diagnosis and treatment. In this country, even as early as 1759, Dr. John Bard successfully performed gastrotomy for the removal of a fully-grown child from the peritoneal cavity. Dr. Baynham did so twice—once in 1791 and again in 1799; and Dr. John King, of Edisto Island, South Carolina, in 1816, cut through the vagina at full term, applied the forceps through opening, and safely delivered a slave woman of a child which was developed in an abdominal pregnancy. But at that time, and long afterward—until our own times, I may say—the early diagnosis and early treatment of tubal pregnancy were found to be impossible. To-day, given a woman whose symptoms of pregnancy are irregular, who suffers pain in one iliac fossa, who has sudden gushes of blood, and who is subject to occasional attacks of faintness, and every intelligent practitioner would at once examine with reference to the existence of ectopic gestation, and, discovering it, would promptly proceed to destroy the fœtus in its false uterus.

Some one has very pithily said of late that the medicine of a hundred years hence will consist chiefly of prophylaxis and surgery. It appears to me that the statement, which has more than one grain of truth in it, applies with great force to our subject of to-day. The day is, I feel sure, not far distant when preventive measures will be applied with a most triumphant result to placenta prævia, puerperal nephritis, placental apnœa, contracted pelvis, the obstinate, and often fatal, vomiting of pregnancy, and that extreme hydræmia which so often results in thrombosis.

Obstetricians are beginning to question themselves as to whether it is wiser, in the interests of both child and mother, to wait and watch during the last two months of pregnancy until a sudden and furious hemorrhage makes an issue unavoidable in placenta prævia, a convulsion announces the point of tolerance in puerperal uræmia, or the cessation of fœtal movement tells the tale that the crippled intra-uterine lung has ceased to have power enough to prolong fœtal life. The methods of inducing premature labor are now so simple, so certain, and so void of danger that they, more than at any previous time, present themselves as a sovereign resource in such cases.

And this is more especially true since Tarnier, by his glass-house with heated air, regulated so as to meet the feeble heat-making process of the premature infant, renders the perpetuation of the lives of these beings so much more certain than when they were exposed to the chilling draughts of the chamber, and perhaps were at once dipped in water and exhausted by washing and dressing.

How often has every man in this room watched