

One cannot, of course, discuss in a short paper all the methods of treatment in vogue. I shall to-day refer simply to a few points in the diagnosis and treatment of puerperal infection. On the whole, the treatment is far from satisfactory; but it is well to consider that puerperal septicemia, in all its forms, is a curable disease. Optimism is better than pessimism in a sick room. One helps much, while the other always depresses. The treatment of puerperal infection should commence before a positive diagnosis is made.

Let us consider a case of puerperal infection from a clinical standpoint. One of the most scientific and practical obstetricians of the United States has told us that, "In the cases of septic endometritis everything goes smoothly for the first three or four days of the puerperium, when the patient suddenly experiences more or less malaise, possibly has a chill, after which the temperature rises to 103 F. or higher." (Williams.) A statement, such as this, coming from a teacher we all admire and respect, if not correct, is likely to do much harm. Some of us hold the opinion that it is not correct. Things never "go smoothly for the first three or four days of the puerperium" in a case of puerperal infection. We may find on the morning after labor that the patient has not slept well, because, as she says, "the baby has cried a good deal," and because of this she says she has a slight headache. Here are two symptoms of puerperal septicemia, and their discovery should make us pause, and think, and investigate very carefully. Let us suppose that pulse and temperature are normal so far as we can ascertain; but, in addition to the insomnia and headache, the tongue is slightly coated and the patient looks slightly tired. Here are two more symptoms of infection. We find nothing abnormal in abdomen, uterus, bladder or lochia. Can we make a diagnosis now? No, but we can, and, I think, should commence treatment at once. I prefer to give one grain of calomel every hour, or half hour, for three doses, and follow in due course with saline cathartics. It is now pretty generally agreed that supporting treatment should be carried out, and that persistent attempts should be made to neutralize and eliminate the poison. The coal tar products are not popular on account of their depressing effects.

A few words as to the use of opium may now be in order. Forty years ago opium was administered in large doses in all cases of septic peritonitis by such men as Alonzo Clark and Fordyce Barker—the one a giant in medicine, the other a giant in midwifery in New York. Twenty years ago Lawson Tait, the giant in surgery in Birmingham, objected absolutely to the use of opium in large or small doses. The almost general adoption of his views, especially on this continent, was a most remarkable thing, and, in the interests of suffering humanity, the most unfortunate thing I have ever known. To withhold opium from a woman