

masses, which consisted chiefly of pus corpuscles and bacteria, and this investigation being carried on in the regions of metastasis, similar appearances were observed; and to test the correctness of conclusions these were cultivated in sterilized fluid and having been injected into the tissues of healthy animals, results followed which in their pathological character and order of appearance were in many respects identical with the symptoms of some types of puerperal fever in the human subject.

So it seems to be fairly well established that before puerperal fever can exist there must be absorption of some form of either an organic ferment or micro-organism.

In discussing the subject, the occasional epidemic character of the disease is left out of consideration, for the reason that such would only indicate extra precautions in the way of isolating the patient and placing her in the most favorable surrounding circumstances; in addition to which certain prophylactic remedies, such as iron, quinine and chlorate of potash might with advantage be used for some time prior to delivery.

But as such epidemics are rare, excepting when there is a prevalence of typhus, erysipelas or other diseases whose septic factor is also potent in puerperal fever, in our search for causative conditions we are practically limited to the susceptibility of the patient and the possibility of contact with or conveyance from some source of putridity.

Pure oxygen apart from moisture is said to be one of the best germicides, therefore to deliver a woman in a cramped apartment, badly lighted and worse ventilated when a better one is to be found is a dereliction of duty that cannot be too strongly condemned; and for the same reason as well as to avoid direct infection, many have been the efforts to have the large lying-in-hospitals transformed into groups of small cottages.

In this connection it would be a waste of your time to quote statistics as to the comparative mortality in hospital and private obstetrical practice.

The products of decomposition afford the best possible opportunity for sepsis; if cleanliness is next to godliness, the adage is certainly not untrue in the practice of midwifery. The instincts of a gentleman forbids his appearing in the presence of the gentler sex with stained person and

filthy clothing, and a due sense of his responsibility as a physician demands that he add nothing to her other dangers in the hour of woman's greatest peril by allowing communication, even the most indirect, with any form of putridity either in the living or dead.

In lying-in hospitals, unless the safety of the inmates is to be estimated at the lowest, a certain time should be set apart for student attendance, not coincident with that for making dissections.

At a certain period in the history of the Vienna Hospital the percentage of deaths was much lowered by this precaution.

An obstetric bag should not be considered complete without a proper supply of antiseptics to be used freely on the hands and instruments, and perhaps the old fashioned carbolic acid or perchloride of mercury is as good as any; and rather than run the risk of being limited to rancid castor oil or worse, pork fat, with which to anoint the fingers it would be well to invest the sum of half a dime in carbolized vaseline.

I am afraid that I cannot subscribe to the teaching of a celebrated Edinburgh authority when he avers that a complete bath in carbolized water followed by another containing corrosive sublimate, and an entire change of clothing, removes responsibility from one's shoulders, when he goes from an infectious case to attend on labor. I have grave fears that after having taken all these precautions, I may have in one instance conveyed the disease, but fortunately for my peace of conscience, circumstances turned out favorably and I was not forced to hide the mistake six feet under ground.

As already mentioned, few labors occur without some abrasions, be they ever so slight, and these, before granulations appear or primary union occurs, are the open doors through which disease ordinarily creeps in.

The character of the labor and the condition of the tissues in its earlier stages, together with the nature of the means employed for effecting delivery, will ordinarily put the attendant on his guard to search for lacerations of the os, but owing to its swollen and softened condition these cannot always be found; nor will it be easy to discover abrasions of the vagina, which are said to exist frequently. If there are reasons to suspect the presence of these, although they may not be per-