clots, placental fragments, may all exist in the genital tract without danger to the patient unless and until the infective microbes gain entrance. In a case recently reported, the placenta remained in utero for twenty-five days after an abortion without undergoing decomposition or causing systemic infection. For septic wound-infection the presence of infective microbes is essential. But such micro-organisms do not exist normally in the uterus and upper portion of the vagina, nor are they found in the normal lochial discharge; they must be introduced from without. I have said that they may be carried in the air; but in such a case the air must be in close communication with a foul closet or some such focus from which it derives its infective power. Infective microbes do not appear to be propagated through the ordinary atmosphere. At any rate we cannot excuse ourselves by throwing the blame on the air. It is as much our duty to see that infected air is excluded from the genitals as to see that hands, instruments and utensils are properly disinfected.* There is much useless wordy warfare going on about *auto-infection*. The confusion arises mainly from different writers attaching different meanings to this term. Without going into the question, we may safely say that if *auto-infection* means *spontaneous infection*, there is no such thing. We cannot shirk our responsibilities by playing upon words. Puerperal women do not generate septicæmia spontaneously, nor do they get it from the normal atmosphere. They are infected from without, and it is our duty to guard against such infection.

Time will permit only a hurried glance at the commonest varieties of septic fever.†

* The secret of success in obstetrical as well as gynæcological or general surgical operations lies in the care with which the operator and assistants cleanse themselves. Dr. Parkes of Chicago has just reported (*Amer. Journal Med. Sciences*, Sept. 1890) a series of thirty abdominal sections with a mortality of only four. These sections were done in the public clinic-room before several hundred students. Great attention was paid to the immediate surroundings of the patient, and Dr. Parkes says: "My own belief, which I have put in force so far as these thirty cases are concerned, is that it is what is put into the abdomen which causes trouble, and also that it is the preparation of the operator and his assistants and of everything that touches the patient about the wound from which safety comes."

† A number of charts were exhibited and explained, illustrating the temperature curve in the various conditions hereafter mentioned. These charts are too numerous to reproduce.