time as the swabbing of the uterus is performed.

If general peritonitis is found to be present, the abdomen is opened and drainage effected both through the abdominal incision and by a cut made behind the uterus into the peritoneal cavity. This latter incision by itself is also useful in the cases where there is a collection of pus in the pelvis, which has not spread into the general abdominal cavity.

By these various means we attempt to turn off the tap, so to speak, or, in other words, to diminish the supply of toxins that are being absorbed, by killing as many organisms as we can at the site of the local wound and in its immediate neighbourhood.

Sometimes we can do a great deal of good, as in the cases where the mischief is caused by an inflammation of the womb arising from the retention of a piece of putrefying placental tissue. When this is removed, and the lining membrane of the womb disinfected, the patient usually gets well, provided that the case is seen at a fairly early stage.

Local treatment, however, is not by any means sufficient in itself in the majority of cases, and we have then to do, or try and do, two things, to neutralise the poisons (or stop their manufacture), and to keep up the vigour of the patient's leucocytes. Generally, we have to rely mainly on the latter method.

As a matter of fact, it is very doubtful whether we can kill microbes that are inaccessible to local disinfection. Usually these are in the circulating blood, and we obviously cannot fill the blood with a powerful disinfectant without killing the patient also, and we have in practice to rely on the administration of antistreptococcic serum in the cases where streptococci are present. Consequently this is often given subcutaneously, and, inasmuch as it does not do any harm, and may do good, it is often wise to let the patient have the chance it affords, but the more one sees of these sera in practice the less one is inclined to rely on them entirely.

So we come to purely general methods directed to increasing the patient's resisting powers, or keeping up her strength, as we say. Here the most valuable remedy, without a doubt, is the injection of salt solution under the skin. The strength is one drachm of salt to the pint of water, and about three pints should be given under the breasts or in the loose skin of the thighs. If the apparatus be adjusted so that each pint of solution takes a quarter of an hour to run in, the fluid is absorbed without any appreciable discomfort to the patient.

Then, it is essential that the toxins should be eliminated as quickly as possible through the skin and bowels. Consequently, in the majority of cases is it advisable to give calomel (preferably in doses of one grain every hour for five hours), followed by a saline purgative the next morning. Usually the skin acts freely of itself, but, if it is hot and dry, wet packs, either hot or cold, are often useful.

Pyrexia does not, as a rule, require treatment in itself, and we can in practice afford to ignore a temperature under 104 degs. Fahr. in the majority of cases. Cold sponging is the best antipyretic if it be thought advisable to lower the temperature of the patient for a time.

In puerperal fever it is not advisable to regulate the diet by the state of the temperature chart alone. Many patients are hungry even when they are feverish, and are also able to digest some sort of solid food. With the exception of meat extracts, which are best avoided in this, as in other fevers, almost anything that the patient fancies may be allowed. If the patient can digest something more than fluid food, her convalescence is much more rapid, and the risk of pyæmia is much diminished.

Prolonged rest in bed is essential, and it is advisable thus to confine even the mildest cases for three weeks at least, a period which is often extended into months in the more severe illnesses. Unfortunately, this is often difficult to enforce, because the patients feel so well in themselves. So long, however, as the uterus is unduly enlarged, or fixed by adhesions, anything like active work must be forbidden. The almost invariable result of returning to domestic occupation too soon is chronic pain in the back and leucorrhœa.

In puerperal fever, the importance to be attached to careful nursing can hardly be exaggerated, especially during the acute stage, in which so little may be required to turn the scale either for or against the patient. It is true that the surgeon may be able to do some good when he sees the patient, but he depends entirely on the watchfulness of the nurse for the opportunity of getting there at all.

In this connection the best help that the nurse can have is the state of the pulse, and even if there are no more obvious signs of danger, such as pallor, cyanosis, rigors, extreme distension of the abdomen, and so on, the attention of the surgeon should be called immediately to any patient whose pulse becomes unduly rapid. A change in the aspect is also important, for, when a woman with puerperal sepsis looks ill but feels well, the outlook is often less hopeful than when she feels ill also.

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