boiled at home, and carried to the patient's house wrapped up in sterile gauze; she is thus independent of the arrangements—or want of arrangements—for cleanliness at the patient's own house.

Another way in which infection is carried inwards is by the routine use of vaginal douches. These very seldom wash out anything that will not drain out by itself, and they are in practice one of the most frequent causes of puerperal fever that I know. They should never be given, except under the direct order of the physician, and in administering them it is most important to see that the fluid not only gets in, but gets out also. I need hardly say that a "Higginson" syringe, being entirely unsterilisable, should never be used for this purpose. I must confess that I should like to see this weapon banished entirely from the midwifery bag.

It has been too often assumed, when a case of puerperal fever arises, that the infection has occurred at the time of delivery or shortly after. It is perhaps true that in the worst cases this method of infection is more usual, but it does not account for the greatest number of infections. The commonest method is for germs to find their way into the vagina by contact between the vulva and dirty clothing three or four days after delivery, and for them then to be washed up into the uterus by the vaginal douche. The remedy for this is to treat the vulva as if it were a surgical wound and keep the parts covered with an antiseptic pad, which should be frequently changed.

So much for prevention: we will now see what happens when puerperal fever has set in. The severity of the attack depends on the amount or virulence of the poison that is absorbed into the patient's system, and not on the extent of the wound itself. Thus there may be a foul wound in the perineum which is causing very little, if any, constitutional symptoms, whilst a few drops of pus in the peritoneal cavity, or what is apparently but a slight inflammation of the lining of the uterus itself, may produce death from intense septicæmia in twenty-four hours. Some of the worst cases in fact seem to have very little to show for the severity of the attack. Death may occur either from poisoning pure and simple, the blood in these cases being usually full of the infecting organism, or from peritonitis due to spreading of inflammation from the uterus to the peritoneal cavity through the Fallopian tubes, or from clotting of blood in a large vein—thrombosis as it is called.

The symptoms of poisoning in puerperal fever do not differ markedly from those seen in other toxæmic diseases; in fact, the cases resemble very closely those of typhoid fever. There is a high temperature which frequently comes down suddenly to the normal, and then rises as rapidly again; rigors are common, and there is intense prostration, with abdominal distention and diarrhœa. The patient is often, if not entirely unconscious, quietly delirious. The breath frequently has a peculiar sweet odour, and the complexion has an earthy aspect. There may be an offensive vaginal discharge, or this may be suppressed altogether. Sometimes there is nothing wrong with the lochia at all.

On examination, the most constant sign is the fact that the uterus has not contracted as it should have done; it is large and flabby, often reaching to the umbilicus. There may be a sloughing wound anywhere inside the genital canal, and in the interior of the uterus there may be either a mass of retained and decomposing placenta, or merely a general inflammation of its lining membrane.

The treatment of these cases varies very much in the practice of different surgeons, but the indications are (firstly) to remove any obvious focus that is producing poison, and (secondly) to attempt to neutralise the poison that has been already absorbed.

At Monsall, as you know, almost every case is treated surgically. The interior of the uterus is scraped with a sharp curette to remove any portion of retained placenta or infected uterine wall. After washing out the uterus and the whole of the genital canal with a douche of 1 in 500 Izal solution, the interior of the uterus is swabbed over with pure Izal or with absolute alcohol, and its cavity is then packed with 10 per cent. Izal gauze. The neutralisation of the absorbed toxins is a much more difficult matter, and is often apparently impossible. The infecting organisms are usually either the bacillus coli communis or some variety of streptococcus. We endeavour to combat the blood poisoning, therefore, by injecting serum of animals that have in their turn been inoculated with pure cultures of one or other of these organisms obtained originally from cases of puerperal fever. These are bactericidal sera, and probably do not contain much true antitoxin, but they certainly appear to be very efficacious at times. Sometimes they fail altogether, but I have never seen them do any harm.

The difficulty we have in practice is to know how far the disease has really advanced; there is no class of patients whose aspect is so deceptive. Often a woman will look well and say she feels quite well, when she is profoundly poisoned, and perhaps dies suddenly the next day. In others again, where

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