

As a side note, do note that Delphi XE3 will be on the way soon, so currently the best option would be to wait for XE3. So unless you want to save the \$50 (or if you are running a Mac OS X), get XE2 update 4 instead. Also note that Delphi XE4 is compatible with XE5 (not tried, no idea if this will work or not), so you could go with XE5 and then upgrade to XE4 later, or just get XE5 and skip XE4 (or XE3). If you go the way of skipping XE4 and XE3, I can't see a big downside for that. From your data, you do not seem to be hurting with XE3, do you? edit: I just read you mentioned that you had a problem with the IDE, and it sounds like you had to reinstall to fix that problem, so for your information, XE3 has been released on March 6th, so you could upgrade to that version right now without waiting any longer. The main reason I mention that is that Delphi XE3 does support XE4 and XE5, so if you go with XE5, you can easily upgrade to Delphi XE3 afterwards (with the included update 4). So if you want to, you could do XE5 first and then go from there. A multicenter, multi-year study in Italy to evaluate the incidence of postpartum endometritis and the association of predisposing factors with the development of endometritis. Endometritis is the main complication of labor and delivery. Despite being generally treatable, bacterial or other forms of endometritis remain a serious problem in obstetrics. The aim of this study was to evaluate the incidence of endometritis in Italy in order to plan a national strategy for prevention and treatment. The secondary aim was to study the predisposing factors associated with the development of endometritis. Prospective, multicenter, multi-year study in four Italian regions: Lombardy, Sicily, Puglia and Trentino-Alto Adige. Women having spontaneous vaginal delivery were enrolled within the first 8h after delivery. They were examined rectally and anamnesis was taken. Endometrial cultures were obtained via the endocervical route. A total of 672 women were included in the study. The overall incidence of clinical

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