

of the hand; thus the movements of the head may be controlled till the perineum is sufficiently stretched to ensure safety.

Having thus safely accomplished delivery, it is my practice to immediately proceed with the delivery of the placenta by a modification of the Cr  d   method, making only sufficient interval to tie the cord and wrap the child. With one hand firmly grasping the uterus and pressing it down and compressing it, I immediately enter the fingers of the other hand into the vagina, where, if I do not quickly find the placenta expelled, which is usually the case, I follow into the uterus and grasp or scrape if need be, with nature's best instruments, the fingers, and between my two hands I carry away, not only the placenta, but even the decidua membranes. If this final act of expulsion of the placenta and contraction of the uterus—thus completely emptying it of child, placenta, membranes and incidental clots—is properly accomplished, and the uterus accordingly fully contracted, there is little or nothing to fear in the puerperal state. Now, however, with our universal knowledge of sepsis and antisepsis, there is no excuse for septicemia. I trust I may be pardoned, however, in this connection, for emphasizing more especially the universally admitted importance of the details of asepsis throughout the confinement.

The nails should be thoroughly cleaned and the hands scrubbed with soap and boiled water, if not in some antiseptic solution. Greater precaution still should be exercised if the physician has recently been exposed to the exanthematous diseases, diphtheria or a post-mortem examination.

The practice of keeping a puerperal patient in bed, using bed-pan, etc., and almost motionless for ten days, I think has now become almost obsolete. I am a thorough believer in attending to nature's calls in the erect posture as soon as they occur, and I encourage the patient to sit erect in bed as soon as possible, because of the advantage of gravity in aiding the muscular effort of the uterus to rid itself of the natural discharge. An occasional douche with warm water or any of the weak antiseptic solutions I believe to be useful in many cases, but I do not consider it necessary as a routine practice.

Another point on which I would like to hear some discussion is with regard to the use of ergot after delivery of the placenta. In my early experience I used it as a routine practice. I discarded it gradually, till at present I believe there is little or no need for it. The only case in which I would recommend it now, is that of possible post-partum hemorrhage from inertia and relaxation of the uterus,—a complication which I believe to be entirely a preventable accident. The application of a good pad over the uterus and a snug and well-applied bandage will