

tion; also make external measurements by pelvimeter; record results as to both palpation and pelvimetry.

Examine specimen of urine furnished by nurse on day after admission, and every seventh day thereafter up to time of labor, and daily if there is headache, nausea, anasarca, or any other abnormal condition.

PREPARATION OF ATTENDING OBSTETRICIAN AND RESIDENT  
PHYSICIAN.

Cut the nails short; wash hands and arms in hot water, using green soap and nail-brush; cleanse well under and around nails; rinse in sterile water and then in a one-per-cent. solution of lysol or cresoline. Keep one of these solutions in a sterile basin on the small table beside the operator, and rinse hands from time to time. Put on operating-gown. The attending obstetrician may, and the intern must, wear rubber gloves in making vaginal examinations, which shall be as few as possible.

MANAGEMENT OF PATIENT IN LATTER-PART OF LABOR.

Let the patient lie on her left side during the last expulsive pains, and let her turn on her back while the child is being expelled, or immediately after its delivery.

Keep one hand on fundus, press gently or irritate slightly with finger-tips, without using force.

After separation and passage into vagina, or after thirty minutes, endeavor to express placenta by pressure on fundus.

If placenta is retained, send for attending obstetrician, but in case of emergency, such as serious hemorrhage, introduce gloved hand and extract.

In all other cases of retained placenta, place a bichloride guard over vulva, and wait until an attending obstetrician arrives, but at the same time watch for hemorrhage.

Tie cord after pulsation has nearly ceased, or in five minutes.

Examine placenta carefully, measure, and weigh.

Report all injuries and tears of the soft parts to an attending obstetrician, who shall treat or instruct as to treatment.

MANAGEMENT OF PATIENT AFTER LABOR.

See that directions for the nurses are properly carried out.

See that patient gets a cathartic on the evening of the day after labor.

Watch carefully the uterus for involution.

Keep patient in bed not less than nine full days.