

of your work, cannot be too forcibly impressed upon you. If it holds good in general surgical work, it is equally so in obstetrics. The statistics of obstetrical work have steadily improved since aseptic methods have been introduced. If you could read the history of this class of work the world over, you would read of many deaths from the so-called puerperal fever how it would break out again and again in some institutions, and how, sometimes, it would follow the practice of some individuals,—indeed, so much, that obstetrical work would have to be relinquished. Asepticism has changed all this, and the Maternity hospitals are the safer places for the poor people to go to, and we do not hear of one man being followed by the nightmare of puerperal septicæmia. The general public are alive to all this, and demand now more careful work from both the physician and the nurse. When a lady calls to engage you for her confinement, it is always better to stipulate that you should be in the house a day or two before the expected event. If the lady has already had children, it may not be so necessary, as she has had previous experience and knows how to prepare, but it is different with a primipara, who is wholly ignorant of what is before her. In such cases, I consider it advisable that the nurse should be in the house a few days before the confinement. The nurse is some comfort to the patient, who perhaps dreads the approaching event, and she can encourage her, and answer all questions, and make the preparations that are requisite in the lying-in room. Not only this, you will see that your patient takes sufficient exercise, and in doing so, she does not go beyond the point of fatigue. You will also see that her bowels are kept regular. You will also be able to note any symptoms that might make it necessary to send for the physician without unnecessarily alarming your patient. You will see that all superfluous furniture is removed from the room. Heavy hanging draperies are not required in a sick room, and at the best are only collectors of dust, and sometimes are dangerous if a gas jet is near them. The bed should be away from the wall, so that you can get easily around on both sides, and discard any feather mattress, which is an abomination. Have all cupboards and closets examined, and see they are clean. It is surprising how this is neglected. It is hardly your province to have the drains examined, but you will, in most cases, be able to tell if there are noxious odors about. It is then your duty to call attention to them, when the master of the house will have the cause remedied. You will be asked a lot of questions by your patient, perhaps one