

physician who does not interfere with Nature in such a case. Our great desire in the practice of obstetrics is to obtain a knowledge which will enable us to assist Nature in an intelligent way. Our aim is to avoid both extremes—the meddling and the careless methods.

As to antisepsis and asepsis we in Canada do not differ on certain important points. We think that the patient, her surroundings, the accoucheur and his assistants (if there be any) should be clean. As a matter of routine we generally use rubber gloves in the Burnside Lying-in-Hospital. Our rule is that the attending accoucheurs may, and the internes must, use them. In cases of sepsis the gloves should always be worn both in the interest of the operator and also in the interest of the patients he subsequently attends. Of course the hands should be as clean as possible, with or without gloves. Our custom is to use antiseptic solutions during labor, especially as to our hands and vulvar dressings. Even those who practice aseptic surgery will not probably object to this in midwifery practice.

As before mentioned it is generally recognized that the vagina is an aseptic tract. On this account many obstetricians in various parts of the world use simple sterile gauze for plugging the vagina before labor. It happens, however, with such material that the tampon becomes foul in twelve hours, while with iodoform or some other form of antiseptic gauze the tampon may be left in one or two days (or more in some cases) without becoming foul. It is generally conceded now that antipartal douching is unnecessary if not harmful.

There are two or three other matters of vast importance to which brief reference will be made. In doing so it will be more convenient for me to speak in the first person. In the first place I do not think that the vagina ever becomes, nor do I think that it can ever be made sterile by either the surgeon, the gynecologist or the obstetrician. After labor, though a number of organisms may be flushed out and forced out by the passage of sterile discharges, child and placenta, some of these organisms remain. If lochial discharges are retained in the vagina for a few hours they always become foul through the action of these (let us call them) saprophytic germs. Then these organisms multiply with great rapidity, pass up into the uterus, cause decomposition of the blood, bits of placenta, or membranes. We have then foul lochia and constitutional symptoms indicating sapremia.

Local treatment together with the administration of calomel