

Then remove the Kelly pad, and place under back, buttocks, and thighs a fresh sterilized draw-sheet, and an absorbent gauze pad under the buttocks.

In prolonged labor give a second rectal enema in twelve hours after the first.

If there is any operative interference, wash the external genitalia again, and put on the Snively stocking-drawers.

The patient's legs are then to be held or fastened with leg-straps, as directed by the operator.

Catheterize only when directed by the obstetrician, the house physician, or head nurse.

#### MANAGEMENT OF PATIENT AFTER LABOR.

Wash the external parts first with warm sterile water, then with bichloride solution, then cover with bichloride pad retained in place by T-bandage, or fastened to binder when applied.

Change vulvar pad as often as necessary, *i.e.*, before it becomes saturated with blood, sometimes every hour, for a few hours; after one day, every four to eight hours for a week.

When changing pads, wash the parts with a bichloride solution for seven days, and with soap-water after seven days.

Give a cathartic on the evening of the day after labor.

Note the height of the fundus uteri, and keep the daily involution line.

Prop up on pillows the head and shoulders for a few minutes, twelve hours after labor, and afterwards three times a day for seven days. Allow patient to sit up and void urine on and after second day, if she desires, unless there has been a perineorrhaphy, in which case the nurse will be instructed by the attending obstetrician. Allow her to sit up in bed on and after the fifth day, if she desires. Do not allow her to get out of bed earlier than the tenth day, and not then if the fundus is still above the pubes, unless by order of attending obstetrician.

#### ECLAMPSIA BEFORE, DURING, OR AFTER LABOR.

Remove false teeth, if present.

Prevent patient from injuring herself; use several pillows as buffers.

Prevent her from biting her tongue, by covering an ordinary clothes-pin or large spoon handle with gauze, and holding it between the teeth during convulsion.

Darken room if possible, and keep the patient very quiet.

If there is much blood or mucus in mouth and throat, turn