of the fundus, and firm contraction of the uterus is the only preventive of hæmorrhage into the uterus, which is always alarming and sometimes fatal. The administration of ergot will aid in keeping the uterus well contracted. Remember that brisk hæmorrhage after the completion of the third stage is always dangerous, and in these cases do not wait but send at once for the nearest physician.

While serious infection is nearly always preventable serious hæmorrhage may not be preventable, and as the nurse shares the blame, no matter what the complication, it is well to be prepared in advance and to have ready anything that may be required should hæmorrhage occur. Dangerous post-partum hæmorrhage is a most rare condition, if the labor is properly conducted; but I know from experience in the Maternity Hospital and elsewhere that hæmorrhage is to be expected when the labor is not carefully conducted, and the nurse should be careful to avoid any responsibility by having on hand all possible requirements for its control. In the absence of the physician, while it may be unwise to attempt local treatment, the administration of salt solution per rectum, the elevation of the pelvis, tight bandaging of the limbs and often compression of the abdominal aorta are simple measures with which each of you should be familiar.

Catheterization of the patient immediately after the completion of labor is a minor point, but one which is, I think, worthy of your attention. If the labor has been long it is possible that the bladder contains a fairly large quantity of urine, and the necessity for emptying the bladder may prevent the patient obtaining the necessary sleep. Moreover, even where there has been no laceration of the perineum there are often small lacerations about the urethra which are very irritable and may cause retention unless allowed to heal, which they will do if left alone for a few hours after the delivery.

The patient should void within 12 hours, and the quantity voided should be noted. The passage of but one or two ounces means either insufficient secretion or that the bladder is full and overflowing, a condition associated with marked displacement of the fundus. By the reduction and breaking down of the uterus, most marked towards the end of the first week of the puerperium, there is thrown into the circulation a large quantity of material which must be excreted by the kidneys, and this excretion is favoured by the drinking of large quantities of water. The output of urine is one of the best indexes of the general condition of the patient and for this reason the amount should be measured for 8 or 10 days.

The fundus of the uterus should always lie below the level of the umbilicus, and its displacement upward or to either side calls for at