gical operation. You would not imperil an operation by uncleanliness of person, instruments or appliances. Why should you take greater risks in a case of labor?

2. Prepare the field of operation. A general bath is advisable, but in private practice is not absolutely necessary. Whenever possible the vulva, perineum and lower abdomen should be thoroughly scrubbed with soap and water and then bathed with sublimate solution 1×1000. Streptococci are not unfrequently found plentifully in the folds and about the hair of the genitals. During the second stage of labor give a prophylactic sublimate douche 1×2000, to clear away microbes which may be in the vagina. The prophylactic douche is not necessary in private practice unless there has been leucorrhœa or irritating vaginal discharges, or suspicion of gonorrhœa.

3. Thoroughly disinfect hands, instruments, etc., which are brought in contact with the parturient canal, and see that no sponges or old syringes, bed-pans or utensils are used about the patient.

4. Vaginal examinations should be made as seldom as possible and last as short a time as possible. Lubricants are unnecessary and apt to do injury. The finger should not be carried into the uterus unless for some special purpose. Diagnosis of position is far better and more safely made by external palpation. In hospitals where vaginal examinations have been almost wholly suppressed, febrile disturbances are rare. The pernicious practice of keeping the finger in the vagina during the second stage, manipulating the os and stretching the perineum, cannot be too severely condemned. A douche should immediately follow the vaginal examination.

5. After the completion of the third stage, a careful examination should be made of the vulva, vagina and perineum in a direct light. If lacerations exist about the perineum vestibule or lateral vaginal wall, they should be brought together with stitches. Large abraded surfaces may be cleansed and dusted with iodoform, or brushed over with iodine. In maternity hospitals where minute care has been taken to close tears of the vaginal walls and cauterise abrasions, metritis, endometritis and parametritis have almost entirely disappeared.