your patient is allowed up about the tenth or eleventh day, there may be a slight increase of the discharge; but if the discharge should still be of a red color, the getting up should be delayed. The lochia have a peculiar odor, but it should not in a healthy individual be offensive. If you notice anything like this, and there is some time before the physician's next visit, you can, in the meantime, douche the vagina with a warm water injection containing carbolic acid (1-100) or a boracic solution. In doing this you do not forget your aseptic precautions. This is the first item, I have told you, you might do in the absence of the physician. There are other occasions where your services will be of the highest value to your patient. We will suppose your patient has been confined, and the medical attendant has gone, and is perhaps not more than three hours out of the house. He left everything apparently safe, but you notice your patient suddenly becomes pale, restless, says she is smothering, wants some air, and at the same time there has been quite a gush of blood. You find the pad saturated, and perhaps the bedding as well. You will quickly loosen the bandage, or, better, remove it, and grasp the uterus to make it firmly contract again, also pass pieces of ice well up in the vagina, and if you can do so into the uterus, all the better. piece of ice in the palm of the hand compressing the uterus will assist. If this fails, or if there be no ice at hand, place the bedpan under the patient and use the syringe, and douche vagina and uterus with clean hot water. You will do this slowly and continuously, and allow the water to return as it flows in. These are truly alarming and critical cases, and you must keep your wits alive and do not let your patient see any nervousness. Send at once for the physician, and if he cannot be had, send for the nearest physician, who, when he is told the nature of the case, will come immediately. What I have told you to do, you will do, not without sending for the medical attendant, but while waiting for him to return. It does not matter what your training is, you must not handle such a crisis upon your own responsibility, and then simply give a report of the occurrence next morning; but your training may save a life while you are waiting for the doctor. These cases of flooding occur sufficiently often for everyone who is in attendance upon a case of midwifery to be always on guard. Prompt attention and quick, skillful work are demanded, and it is in cases like this your training, while waiting for the physician, will be productive of brilliant results. The old-timer would get in a