

similar thing happen if we teach that aseptic methods are to be employed and antiseptic methods avoided?

It happens fortunately that at the present time both the antiseptic and aseptic methods are producing admirable results. Under such circumstances we are loath to offer adverse criticisms as to the work of those who are employing aseptic instead of antiseptic dressings to such a large extent. We may even admire the paraphernalia though we cannot always understand it in all the details. I was slightly perplexed on one occasion when I saw a bald-headed surgeon, properly arrayed in white robes, with a white cap on the top of his head, and his copious beard uncovered, and waving gracefully over the field of operation. I presume that Mikulicz when alive would not have been quite satisfied in such a case.

This subject is very important from an obstetrical standpoint; and for that reason those who practise the art of obstetrics watch closely the methods of the surgeons and study carefully the results of their work. Many obstetricians recommend what they term aseptic midwifery, but they all, so far as I know, advise antiseptic methods when they deem them necessary to secure aseptic results.

For the sake of brevity I shall give my own opinions on a few points in connection with this large subject without discussing in detail the views of others. It seems fitting to recommend *antiseptic and aseptic midwifery*, especially if aseptic methods are to be considered by some "more rational" than antiseptic methods. Whether we call labor a physiological or a pathological process we know that we have wounds and bruises in the majority of cases.

To prevent confusion as to certain simple terms it will be considered that "sterile" means, free from all micro-organisms; "aseptic" means, free from septic micro-organisms.

Our field of operation is composed of:

1. Septic tract, comprising vulva and all adjacent parts. The skin covering these parts is septic, and cannot be made aseptic; and, therefore, wounds of the fourchette and perineum are septic, or soon become so.

2. Aseptic tract, comprising the vagina, and lower part of the cervical canal. We learn from bacteriological research and from clinical observation that the vagina of pregnancy, although it contains many organisms, is aseptic, *i.e.*, it contains no pathogenic germs. Even when streptococci are introduced from without they are soon destroyed by the vaginal secretions. This is true as to all cocci with the single excep-