

The method I have sketched I claim to be a rational and natural one. It has taken long to go over the matter, and perhaps this, together with the lack of arrangement in the manner of the narrative, has obscured the simplicity of the method.

May I briefly recapitulate the chief headings:

(1) The vagina of the healthy normal pregnant, parturient, and puerperal woman must be regarded as *aseptic*. Our object is to prevent inoculation during and after labor: to attain this object, we look to—

(a) Thorough cleansing of the hands and arms and instruments, with attention to the clothes and infrequency of examination.

(b) Healthy surroundings, pure air, clean sheets, thorough cleansing of the external genitals before and after labor. No internal douching; the use of the perinæal pad.

(2) The vagina of a woman suffering from chronic discharge is *a priori* to be regarded as *septic*; our object is to destroy the germs already present, and to prevent fresh inoculation. In addition to the above treatment, therefore, we must here make use of internal antiseptic douching, before, during, and after labor, aiming at sterilization of the vagina.

And among the second group of cases I would include those to which we are called in emergency, or after they have been for hours, or, may be, for days, in the hands of a midwife, and those where labor has lingered for hours with continuous bloody discharge or under other doubtful conditions.

With all our precautions there will, however, always remain a third series of cases where danger comes from a part not to be reached even by the douche—I mean the tubes—cases difficult of treatment, and still more difficult of diagnosis. But the question of vaginal antiseptics or asepsis does not materially affect these.

Puerperal fever will occur, and its cause will probably be discovered post mortem.

In this communication my purpose has not been to condemn the practice of douching indiscriminately. Far from it; but what I do wish most emphatically to condemn is—(a) Unnecessary douching of the normal healthy woman; (b) the faulty manner of douching, when the unhealthy conditions of the patient necessitate its employment; (c) the use of imperfectly cleansed napkins.

Two other points, in conclusion, I again urge:

(1) Too much attention is directed to disinfection of the patient, and too little to disinfection of the doctor and nurse.

(2) Throw aside "routine" practice: judge a case on its own merits: let us diagnose whether we are dealing with a healthy or a diseased vagina, just as we look for a healthy or diseased heart or kidney, and choose our treatment accordingly—the aseptic method in the former, the antiseptic method in the latter.

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CAN LABOUR BE CHECKED AT WILL.—Tarnier (*Journal des Sages-Femmes*), who maintains that voluntary efforts by contraction of the abdominal muscles play an important part in labour, further believes that the patient may, consequently, check the processes to a certain extent, just as feces and urine may be voluntarily retained for a time. He was once called into a labour where the patient had deformed pelvis with coxalgia; she, like many such invalids, had been spoilt, and was very sensitive. He found the membranes ruptured, and the head presenting at the vulva. Delivery seemed a question of a few minutes, the pelvic contraction having clearly offered no check to the passage of the head. The patient asked for chloroform. Tarnier said that it was not necessary; she insisted and declared that if the anæsthetic were not given she would "hold in." He waited twenty