

resterilization of appliances, a choice of light and table with consequent greater exactness in the approximation of torn tissues and lessened danger of post partum hemorrhage from the administration of an anesthetic shortly after the separation of the placenta.

*The Puerperium.*—The routine use of the binder is general and time honored, and doubtless it does possess some virtues, but personally I am convinced that he who trusts to it to prevent hemorrhage is living in a fool's paradise. Rather than apply a binder for the prevention of what I considered a threatened hemorrhage I would specially direct in such a case that no binder be applied, but that the nurse leave the abdomen free for constant or frequent inspection as to the condition of the uterus.

As a support to the strained pelvic joints the binder is undoubtedly a great source of comfort to the patient, but as an abdominal constrictor for the prevention of hemorrhage it is, in my humble estimation, a failure, and applied as such a source of discomfort to the patient. Like the binder, ergot is fast losing its place in obstetrical routine, not that it is of no service—I am not prepared to go that length—but I do think that it is unnecessary.

Where the uterine muscle is feeble and contractions poor I believe ergot is indicated, and in large doses, but that is not the usual cause of hemorrhage, rather I think, must the cause of such be looked for in retained membrane placenta or clot, which appropriate treatment will remove, and with it the danger of hemorrhage and apparent indication for ergot.

The care and management of the infant I do not intend to go into, but one matter I feel should receive more attention from the physician, and that is the protection of the infant and the preservation of its body heat immediately after birth. A child which has been living in an even temperature of from 98 to 100 degrees is suddenly expelled into a temperature of perhaps 60 or 65 degrees, should receive some protection from currents of air during the time that the procedures necessary before it can be removed are being completed.

The only point I would emphasize in the management of the puerperium is the practical value of the regular recording of the progress of involution. Should the patient's temperature rise or other things suggesting sepsis make their appearance it may be of vital importance for one to be able to decide whether or not to explore the uterus. If involution is proceeding satisfactorily we have very good grounds for assuming that the uterus is not infected, and that therefore we are not only not justified in interfering with it but that such a procedure is distinctly contraindicated. We must look elsewhere for the septic focus. On the