light of one who has passed through a capital operation. Dr. Wylie treats the genital canal after labor as a punctured wound. And the question before us now is, how far the learned discussions of these gentlemen are going to help us, and how religiously are we to obey the demands of their creed. Dr. Thomas tells us the wall, floor and furniture of the room of every patient are to be washed with a 10 per cent. solution of acid. carbol., or 1–1000 of Hydrg. Bichl. All curtains removed. Six or eight hours after labor he washes out the vagina with antiseptic solution, and introduces a suppository of iodoform. The injections are repeated every eight hours. If instruments have been used, inject every four hours, and keep up for ten days. Dr. Thomas lays special stress on the physician's attending to details himself, and giving ergot three times a day for a week at least to ensure proper contraction of uterus and expulsion of clots, etc.

During the discussion on Dr. Garrigues' paper there arose a storm of opinion. Dr. Garrigues does not use prophylactic vaginal antiseptic injections in normal labors. He simply washes the external parts after labor with $\frac{1}{2000}$ parts of Hyd. Bichl., and then uses antiseptic absorbent napkins, changed every four hours. It is, in fact, the nearest approach to antiseptic dressing as carried out by the surgeon in cases of amputation. In the discussion, Dr. Baruch claimed that in 15 cases in which three per cent. solution of carbolic acid was used as a vaginal injection twice daily, he had observed six cases of undoubted septic poisoning. This result, he claimed, was due to disturbance of patient, entrance of air, and infection by syringe, &c. Dr. Garrick cited 4,000 labor cases, with a mortality of two from puerperal fever, under strict cleanliness alone. Intra-uterine injections for prophylaxis were, of course, not entertained.

Judging from the foregoing, I am inclined to think that the difficulty in arriving at a definite and unanimous conclusion in regard to the advisability or otherwise of using prophylactic vaginal injections is based upon the fact that inert antiseptics are generally used in such cases. I am convinced, from the results of a fair trial of many of the ordinary so-called antiseptics in general use, that they are uncertain; troublesome from the