the Editor of the *New York Medical Record.* Dr. Baruch has compared the condition of the internal surface of the uterus and vagina with the stump after amputation. It might, I think, be compared with any ordinary surgical wound. Let us consider, in this connection, the common principles of surgery as enunciated by Samson Gamgee, who thinks that the important points in the treatment are rest, pressure, and position, with dry and infrequent dressings. Where can rest be more essential than in the woman who has suffered the tedious pangs of parturition? There is nothing she desires more, and nothing that is more beneficial for her. The pressure which is exercised by surrounding elastic tissues probably closes, more or less, all the wounds in the utero-vaginal canal. The recumbent position, with the slight changes required in voiding urine and fœces, is well adapted for drainage. If there is no interference the dressings are certainly infrequent, and as dry as they can be under the circumstances. At the same time I may use some of the arguments advanced by the *N. Y. Record*, and say that by means of injections and the application of suppositories, clots may be disturbed opening avenues for auto-infection, lacerations of cervix and vagina may be opened, and thus prevented from healing. Fluid injected into uterus may produce shock or fever, and septic matter may be introduced by fingers and instruments

Fortunately we are not forced to depend alone on abstract reasoning, as statistics show that our patients are better without the prophylactic injections. This is especially the case in Germany, where injections were largely used at one time. Even Dr. Thomas has apparently modified his views on this subject, as he stated at the adjourned discussion in the Academy, February 7th, that he felt a little weak as to the propriety of such injections in view of the recent evidence against them.

After this imperfect discussion of Dr. Thomas' rules, I will proceed to give my own views briefly and in rather a dogmatic way.

The room and bed should be prepared with a view to comfort. There is no necessity for bare floors and walls, but all unnecessary furniture and drapery should be removed.

Strict precautions should be taken by the medical attendant to avoid carrying infection of any kind. This should include the strictest surgical cleanliness, with the use of antiseptics on hands and instruments if any be used. For this purpose there is nothing better than carbolic acid. Bichloride of mercury 1—1000 or 2000 may be used, but it has a disadvantage if you use instruments, as it is apt to injure them.

Examine your patient only when necessary, and look upon the forceps as an evil—not to be used unless actually necessary. The employment of forceps to save time for the obstetrician should be considered a criminal offence. During the first stage, or especially the latter part, circumstances may arise which require your interference, but it is no part of my intention to refer to any serious complications. I may refer, however, to one very common custom about which there is a great difference of opinion, *i.e.* the treatment of a rigid or slowly dilating os. The dilatation is, by some, assisted as a matter of routine by stretching with the finger, and it is supposed that the labour is very much shortened by the procedure. This is probably true, but it is very different from nature's plan of dilating, as the pressure of the fingers is applied to certain points, and the stretching which ensues in consequence is likely to be accompanied by slight lacerations, which are a special source of danger. I would not proscribe the method altogether, as in the hands of prudent and careful obstetricians it may occasionally be a useful expedient, but as a matter of routine practice I believe it does much more harm than good.

In the latter part of the second stage the important duties of the attendant commence. As to the prevention of rupture of the perinœum, I have no great faith in the various procedures proposed; but if it were unusually rigid, and the advancement of the child very rapid, the head should in some way be kept back; and it is possible that some good may be accomplished by drawing the perinœum forward during a pain, or pressing head towards pubes. It should not be forgotten however that the rupture is frequently caused by the shoulders after the head has passed through safely. In all cases it should be our custom to ascertain whether the perinœum has been ruptured, and, if so, to what extent.