be insisted upon, and inspected by the practitioner himself, and immediately beneath the patient should be placed a smaller drawsheet which has been *thoroughly sterilized* by boiling.

(2) *Preparation of the Patient:*

(*a*) External Cleansing: The patient, if possible, should have a bath; but in every case, without exception, the buttocks, external genitals, and thighs must be thoroughly scrubbed for at least five minutes with soap and warm water, and after that washed with a solution of 1 in 50 carbolic or 1 in 1,000 corrosive sublimate, immediately before labor.

(*b*) The Internal Douche: As to the "prophylactic" douche, or the extremists' "vaginal sterilization," as I have before said, in normal cases it is not only useless but harmful; while attacking a bogey enemy it does actual harm; by removing the normal secretion it delays labor, and by detaching the epithelium it favors excoriation and bruising, and in consequence invites those very dangers it was designed to prevent.

If the premises were correct, viz., that all vaginas contain germs which produce puerperal fever, we should be mad if we did not push the argument to its logical conclusion, and act upon it fearlessly—namely, by procuring perfect sterilization of the vagina, as indeed has been advocated by Döderlein, of Leipsic, and others, who recommend, for example, the following: "Douching of the vagina every two hours during labor with corrosive sublimate, scrubbing the vagina and the cervical canal with the fingers," and this indeed for routine practice! But such, thank heaven, is not the case. Bökelmann is right when he says, "the healthy normal puerperal woman is *a priori* to be regarded as asceptic."

(3) *After treatment:*

(*a*) The vaginal douche is just as useless and just as harmful, or more so, in a normal case, post-partum as ante-partum; therefore, shun it; and the less said about the intra-uterine douche the better. Indeed, a great deal too much attention is paid to the cleansing of the patient, and a great deal too little to the cleansing of the practitioner and nurse. If only half the nurse's energy were let loose upon her own and the doctor's hands, instead of being devoted exclusively to the squirting of the woman's internal parts, more benefit would result.

Therefore, I would altogether avoid the use of intra-uterine and vaginal douches in all labors in healthy women. The safeguard is "prevention."

(*b*) External Cleansing: Sepsis, in a previously healthy, normal woman, must come from without; its process begins at the vulva.

If we keep the doorstep clean (and the door closed) the hall will be clean. To ensure this, I have the external genitals washed two or three times a day with warm soap and water, and then with Condy's fluid, lysol, or corrosive sublimate solution. The vulva is then covered with a pad, only to be removed for the next dressing.

(*c*) The Perinæal Pad: This pad I consider of the greatest importance. It should be made of wool, absorbent, that all discharges may be taken up; sufficiently large, that the outer layers are never saturated, and medicated. I myself use boval-tissue (*i.e.*, sublimate wool), covered next to the vulva with a few layers of five per cent. iodoform gauze (where necessary), to prevent irritation from the mercury of the wool. (In hospital, where the appliances are at hand, a layer of sterilized gauze may with advantage be substituted for the layer of iodoform gauze.) This dressing should be secured by a perinæal bandage, and changed at least every three to six hours. By this means we effectually prevent the entrance of any pathogenic germs to the lochia.