physician may prefer. It would be superfluous for one to go into the question of asepsis before the members of this association, but if I may I would express my own views that the mechanical sterilization with the use of rubber gloves is the most effective means of dealing with one's hands.

The routine use of anesthetics where pains are even moderately severe, throughout both the first and second stage, should, I believe, be as much a part of our technique in these cases as the watching of the urine in pregnancy or the sterilizing of instruments before use. Apart altogether from a humanitarian standpoint, which in itself is ample justification, the controlling of pain is so much in the interest of the patient that I am convinced that it should be undertaken as a matter of course.

Throughout the first stage morphia alone, or combined with hyoscine, should be administered hypodermically in sufficient doses to distinctly lessen the severity of the pains. It is well that no morphia be given within two hours of delivery, and if one follows the plan of withholding it after the beginning of the second stage there will be no difficulty on this score. In the second stage and in precipitate cases chloroform should be used.

Injuries of the pelvic tissues are of so frequent occurrence and of such far-reaching importance that all are agreed as to the necessity of their repair, and that need not be urged here, but there are one or two points which I feel are worthy of some discussion in connection with this matter because they have a direct bearing upon one's routine management of his cases. In the first place I believe that prolongation of the second stage of labor beyond a period of three hours increases the probability of laceration, and that the forceps, properly used, even where this be the only indication for their use will do much to prevent tearing.

Long drawn out labors are fraught with danger to both mother and child, not only because of the complication which causes the prolongation but simply from the fact that they are prolonged.

Another question which is of some interest to me is the time at which repairs should be done. Generally speaking one would unhesitatingly say, at once. There are two classes of tears, viz., those which injure the pelvic floor, and those which do not. I take it that we all repair the second class for the purpose of closing a possible channel of infection, while the first class demand attention for the restoration of the injured muscle and fascia. Acting upon this principle I have been in the habit of leaving important tears as a rule for twenty-four hours or even more, and proceeding with the stitching under the best conditions obtainable. There are many advantages in this plan, viz., absence of bleeding, rest in the interim for all concerned, opportunity for