pad after preparing the patient for labor, and place under the patient a clean draw-sheet and an absorbent gauze pad.

For many years we used no vaginal douche before or after labor in normal cases. Recently, however, we commenced the administration of the antepartal douche, as was the custom years ago in the Burnside. We do not use a douche of any kind after labor, unless there is some special indication for it.

Our rule as to the vulvar pad after labor is to change it as *often as necessary,* instead of every four or six hours, as was once our custom. Our aim is to change the pad before it has become saturated with blood, *i.e.,* before the bed-clothing has become soiled. Frequent changes, sometimes every hour, are generally required during the first twenty-four hours after the completion of labor.

We administer a cathartic earlier than we did a few years ago, with benefit, we think, to our patients. The height of the fundus is noted daily, and the involution line has been carefully kept on our ordinary charts for the last six years, according to the custom of Queen Charlotte's Hospital, London, England. The head and shoulders are propped up on pillows for a few minutes three times a day, to favor free vaginal drainage.

In cleansing the hands of the obstetrician, and the genitalia and adjacent parts of the patient, we have discarded alcohol, for two reasons. Its use involves considerable expense and some inconvenience, especially for the general practitioner who does not, as a rule, carry alcohol in his obstetrical satchel. So far as our observations show, we get along as well without it.

As to antiseptics, we still use the bichloride of mercury to a large extent. We have used lysol for some years, and are now using cresoline to a limited extent. Professor Amyot, of Toronto University, conducted a series of experiments for us last winter, and found that the germicidal powers of lysol and cresoline were strong. They are both commercial preparations, somewhat similar in nature, being saponified cresol mixtures.

In fixing a time limit after the Dublin fashion, we do not mean that in all cases the operator should wait for two or three hours after complete dilatation before applying the forceps, but we do mean that he should never wait longer.

Our chief aim in making rules as to certain time records is to secure uniformity in methods of procedure. For instance, we don't want a muscular and strenuous house physician to pull the head over the pelvic floor and through the vulva in five minutes. We don't want him to guess as to time, but use his watch, or the clock on the wall beside him, so as to know what progress he is making in a given time.—*A. H. W.*