

pads, are burned after being used once. I have to show you a sample of an antiseptic pad used by Dr. Price in the Maternity Hospital of Philadelphia, where the most careful antiseptic precautions are observed with remarkable success. Dr. Price described this pad in a recent report of the work done in his hospital, and kindly sent this pad with a written description in reply to a letter received from Miss Snively. A comparison of the two pads will show, I think, that our Burnside pad is simpler, requiring no sewing. It also has greater absorbent powers, is less clumsy and less expensive. The average cost for each patient is seventy cents.

Our methods in this Maternity Hospital are sufficiently simple and are very easy to carry out. They are in no sense "meddlesome," they involve watchful care on the part of the physicians and nurses, they are thoroughly effective. Septicæmia in the Burnside has been exceedingly rare during the last few years. The temperature rarely reaches 100°. The patients generally go out in two weeks after labor in good condition.

I will refer briefly to a few points in connection with the methods I have described.

1. *Vaginal and intra-uterine douches.* I object to the use of such douches because they are unpleasant for the patients; because they interfere with that physiological rest which the torn and bruised parts should have; because septic matter or air may be introduced and brought in contact with rents in the cervix, vagina, or vulva; and finally, because they are unnecessary. I think that our results without them in this hospital prove that they are not required. Some practitioners agree that they are unnecessary as a matter of routine in all cases, but advise their use when the hand has been introduced into the vagina or uterus. I do not use them even under these circumstances, but endeavor to have my hands clean, and find that such precautions are quite sufficient. I have here a chart of a case of hæmorrhage continuing three hours after labor, in which I introduced my hand into the uterus and with much difficulty removed some placental detritus. I then sutured a deep cervical rent, and a lacerated perineum. I simply wiped out the vagina with sublimated absorbent cotton, without any douching, and the patient has made up to the

present time a good recovery without any rise of temperature. Dr. Price, of Philadelphia, in the report to which I have referred, tells us that the patients in his hospital receive a vaginal douche of bi-chloride solution immediately before and after labor. His results are so marvelously good that I can say nothing against his methods, but I still feel that our own records show that equally good results may be obtained without douching. I am always open to conviction, and if at any time our methods appear faulty, I may try this limited douching. I am exceedingly anxious, however, to adhere to methods which can easily be carried out in private practice, where douching by incompetent nurses is absolutely injurious. I may simply add, without further discussion, that the dangers of bi-chloride poisoning after delivery have been found very serious.

2. *The expression of the placenta.* It has been found that the placenta can be easily expelled in the great majority of cases by pressure over the uterus, and I think it very important that the fingers should not be introduced into the vagina after the delivery of the child. An examination after even slight rents have occurred in cervix, vagina, or vulva, is infinitely more dangerous than before; because there are a number of torn blood vessels and lymphatics ready to absorb the slightest degree of septic matter that may be brought in contact with them. You may say that if our hands are clean such dangers are avoided. That may be true to a certain extent, but I feel that there is always a danger of introducing air. I take broader grounds, however, and insist that we should take no risks that we can possibly avoid; and if our fingers are not required in the vagina after the delivery of the child, why in the world should we stick them there? The obstetrician should do as little manipulation work as possible in a normal labor; he should allow nature to do the whole work if she can; he should endeavor to keep his patient cheerful and hopeful, while he himself is ever attentive and watchful; he should take every possible precaution even in the minutest detail; his only thoughts should be bestowed on his patient's welfare, and not on any glory for himself. He who acts on these principles does his duty to his patient, to his profession, and to his Creator.