

should be treated as follows: Three times a week a Ferguson's speculum should be introduced so as to expose the cervix. Into the tube is then poured a solution of silver nitrate of a strength of 40 grains to the ounce, sufficient of the solution being poured in to bring it in contact with the whole of the mucous membrane exposed at the end of the tube. The tube is then slowly withdrawn, the solution thus coming into contact with the whole vaginal surface. Even this treatment often fails to eradicate the infection.

At the outset of labor let the nurse give an enema in every case, no matter how recently the bowels have been moved, and let the patient empty her bladder. Then let the nurse give a warm bath, especially cleansing the external genitals. After the bath the patient should wear a napkin wrung out of bichlorid of mercury 1-3000, during the whole of labor. All the patient's clothing and bed clothes should be scrupulously clean.

The physician, and nurse too if she is to actively assist at delivery, should prepare as follows:

(a) Scrub the hands in hot 1 per cent. lysol solution for 6 minutes. This is timed by the sand glass at the hospital, by the watch in private.

(b) Clean the nails with a sterile nail cleaner.

(c) Wash off the soap in hot water.

(d) Soak the hands in fresh 1 per cent lysol solution for 2 minutes.

(e) Do not touch any unsterile thing before making examinations.

(f) Wear sterile gown.

(g) Boiled rubber gloves are an improvement and may be used for all ordinary obstetric work. They cannot be used for vaginal stitching, however, without being perforated by the needles.

In the conduct of labor remember that long continued pressure of the head on the perineum is apt to cause sloughing, which an early use of the forceps will prevent; also that dry labors should not be allowed to go on as long as those in which the liquor amnii is present.

If a lubricant is needed 1 per cent. lysol in Tr. of green soap does very well.

(h) Though these measures will go far towards the prevention of sepsis, yet the physician should remember that at best they are not perfect, and that he should make as few vaginal examinations as possible, informing himself as to the nature and progress of the labor by abdominal examination. All instruments should be boiled in a soda and water solution, and brought to the bedside in the vessel in which they are boiled, without being touched by unsterilized hands. For repair of the pelvic floor 40 day chromic gut in hermetically sealed tubes is the best material. For repair of the perineum use silk-worm gut, freshly boiled for each occasion.

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