

is incompletely dilated. Due consideration of these points would prevent much misguided help to the patient which—as the aid in bearing down—so often results in serious laceration of the undilated cervix, or in the marked descent of the uterus with resultant rectocele and cystocele. Then, too, you should know and keep constantly before you the fact that too early operation will result in far more harm than good. On the other hand we should realise that too long labor results in a permanently relaxed condition of the overstretched abdominal muscles, and that the retention of the head upon the perineum will not only make a tear more probable but will render its repair less possible. Careful watching of the patient and child will give the mother a feeling of confidence.

Exhaustion of the mother is best evidenced by the change in pulse and temperature, while in asphyxiation of the child there is to be noticed a change in the fetal heart rate. A diagnosis of trouble, based upon the observation of the irregularity of the fetal heart rate, is extremely gratifying to the attending physician and is always possible for any nurse of average experience and ability.

In preparing the patient for operation, or for vaginal examination, our practise has been considerably criticised, chiefly in two respects; first, the vulva is shaved; second, no preliminary vaginal douches are given. It has been said that in one respect we are over-cautious and in another lacking in caution. Since we began the use of a safety razor, non-union of perineal repairs in clean cases has been of the greatest rarity, while before this, non-union was no exception. It is evident that an accumulation of blood at the vulva offers a most excellent medium for the growth of bacteria, and where the patient has not been shaved the more vigorous manipulation is necessary to keep the vulva clean, the worst possible thing for a uniting wound. No patient either public or private has objected to the procedure when its object was explained.

Vaginal douches have been discarded as unnecessary as well as unscientific. It is accepted that organisms capable of causing puerperal fever are not present in the vagina, and the introduction of a douche nozzle is therefore unnecessary in clean cases, while even where the secretion is abnormal a certain amount may be washed away, but more will probably be carried up by the douche into the cervical canal and into the uterus.

This danger of carrying up infection should also be remembered in giving post partum douches, and in my own cases I have never so far as I can remember used a douche immediately after delivery, believing that the introduction of the douche nozzle into the uterus is dangerous and