source. It is hardly necessary for me to dwell on the importance of cleanliness of the room, bedding, etc. Soap and water are usually plentiful and cheap.

At the commencement of labour the patient should have a general scrub-bath with warm water and soap, particular attention being paid to scrubbing the external genitals, also the hands and finger nails. In Leopold's Hospital, Dresden, the external genitals and pubes are shaved. The rectum should be emptied and washed out with a soap and water enema. The vagina should be cleansed, particularly if there is any vaginitis, with soap and water, and an antiseptic bichloride douche 1-3000. I do not consider douching of the vagina necessary if the lining is in a healthy condition, the most frequent carriers of poison being the fingers or instruments of attendants. The hands, instruments and clothing of attendants should be scrupulously clean, and I think it proper here to draw attention to a remark from Pro'. Lawson Tait, which I think every believer in asepsis will endorse, "That medical men engaged in a pathological laboratory and post-mortem or dissecting room, and general surgeons who are in daily attendance on suppurating wounds, should do neither abdominal surgery nor obstetrical work."

Vaginal examinations should be as infrequent as possible, and the lubricant used should be antiseptic. I generally use 3 per cent. carbolized vaseline, albolene or glycerine.

Instruments used should be cleansed by the rough scrubbing with soap and water, and then placed in boiling water with carbolic. After delivery, where instruments have not been used or hands introduced into the uterus, the vaginal douche is not necessary.

It is important of course to see that both uterus and vagina are thoroughly emptied of afterbirth, membranes and clots, and good contraction of the uterus secured. Good contraction compresses the vessels and thus lessens the liability to the poison being carried upward. The perinæum should be carefully inspected and laceration of any extent repaired. All soiled linen should be removed and clean substituted.

The external genitals should be thoroughly cleansed, and an antiseptic pad of gauze or cotton applied, to be changed as often as required for soakage of the lochial discharge.

It is my rule after cleansing the external genitals to throw into the vagina two or three teaspoonfuls of a mixture of iodoform, 1 part to 3 or 4 parts ac. boracic. I then apply a pad of borated cotton, lint, or iodoform gauze, and cover this with oil muslin or gutta percha tissue, and outside of this a napkin to hold the pad in place. This pad does not require changing more frequently than once in six or eight hours. The parts should be cleansed with sublimate solution 1-4000, and dusted with iodoform each time the pad is changed for soakage, and after micturition and stool. In this way decomposition of the lochia is prevented. No vaginal douche should be given for the first week unless there is a rise of temperature above 100.5° F., a bad odour to the lochia or pruritus.

Where a vaginal douche is necessary during the first week, I prefer carbolic acid, 2 per cent. because of its local anæsthetic as well as antiseptic effect.

If instruments have been used in delivery, the vagina should always be cleansed before and after with some antiseptic solution.

If the hand or instruments have been used inside the uterine cavity, it is my practice after the uterus is empty to turn the patient on her side, and with Sim's speculum and tenaculum expose and steady the cervix, and after swabbing out the vagina with an antiseptic solution, to swab out the uterine cavity with iodine water or carbolic, using dressing forceps and cotton for this purpose. Then pass a thickly-wrapped cotton swab dipped in Churchill's tincture of iodine up into the uterine cavity to the fundus, and leave it there till the uterus contracts well down on the swab, and then remove it, dry the vagina and dust with iodoform.

Of several bad cases of operative midwifery where I have been called in consultation during the past few months, in which there was considerable traumatism, and where this after treatment was used, recovery followed almost as uneventful as after normal labour, the physicians in attendance reporting that the temperature never rose above 100.5° F., and in some cases not even this physiological rise. This is all I have to say concerning prevention.

Where septic process has started, what is to be done?

When I see a rise of temperature following a few