

REMARKS.

When Solon gave laws to the Athenians, he was asked, "Are these the best laws you can frame?" He answered, "No; but they are the best laws that the Athenians can keep."

We have endeavored to profit by Solon's wisdom, and have tried not to frame rules that are too elaborate. The tenure of office of our nurses and house physicians is very short, and the frequent changes make the training of the staff somewhat difficult. We find that a printed set of rules, which are to a large extent similar to those used in other maternities, especially in the United States, is very serviceable in many respects. We have made our rules simple, and we hope they will prove useful for our young graduates.

We have considered for several years that it is difficult or impossible to keep the Kelly pad perfectly sterile, and we use it only to a limited extent. We therefore remove the Kelly 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. Frequently 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