

solution is dilute, the current weak, and the outflow unimpeded. After the douche, it is a wise precautionary measure to run through a pint or two of very hot water in order to wash away any retained solution and stimulate uterine action. Frictions over the fundus sometimes help in securing a good contraction.

Incompatibility of Antiseptic Agents.—Dr. Boxall (*British Med. Journal*) has sounded a note of warning to which every obstetrician should give heed. He claims that antiseptic solutions often fail because they are variable in strength or are chemically incompatible. If too strong, they may cause local damage or be absorbed; if too weak or rendered inert by chemical action, they are inefficient. The borderland between safety and success is very narrow. The following table shows at a glance the results of his investigations:—

ANTISEPTIC.	INCOMPATIBLES.
1. Corrosive Sublimate Solution.....	{ Iodine. Soap, even if neutral or in small quantity.
2. Iodine Solution (with Potass. Iod.).....	{ Corrosive Sublimate. Carbolic Acid. Soap.
3. Carbolic Acid Solution	{ Iodine. Condy's Fluid. Olive Oil.
4. Salicylic Acid Solution.....	{ Condy's Fluid. Soap.
5. Condy's Fluid.....	{ Carbolic Acid. Salicylic Acid. Olive Oil. Glycerine. Soap.

It seems, therefore, that soap antagonises the action of all the above antiseptics except carbolic acid; it is highly probable, then, that in obstetric practice, failure to ensure antisepsis has often been due to the hands being soapy when immersed in the disinfectant solution. It seems, too, that carbolic oil must be eliminated from among the disinfectants, as oil combines with phenol and fixes it. This quite tallies with Koch's observations that bacillus spores can live and grow after four months immersion in carbolic oil (1 to 20). In order to secure satisfactory results, it is therefore highly important not only to be sure of