

furnishes the strongest and most convincing argument against the pernicious practice of early traction on the cord.

There are three objects gained by the modern Credé method :

(1) By maintaining retraction and contraction of the uterus, it prevents hemorrhage.

(2) By causing rapid expulsion, it tends to prevent the dangers accruing from retention.

(3) By thoroughly emptying the uterus, without introducing the fingers into the genital canal, it tends to prevent septicæmia.

I think it quite unlikely that the puerperal fever observed by Dr. Tye was caused by the faulty Credé method, but rather by the introduction of septic matter from without by unclean fingers. The fact that puerperal septicæmia is nearly always due to such causes is generally admitted ; and yet, I am sorry to say, it is not even now properly appreciated. I have seen, during the last few years, some very absurd specimens of so-called antiseptic methods in the hands of men who acknowledged the necessity for antisepticism or asepticism in midwifery, but scarcely had the first idea of the proper methods of carrying out the principles or practice involved. It is not my place here to describe such methods, but I wish to state very emphatically that no system of procedure (whether Credé, expectant, or otherwise) gets anything like fair play in the hands of one who has not correct and positive ideas about asepticism. The statistics or general results of any one who is indifferent about such matters are simply not worth considering.

This brings me to the question, What shall we do after the placenta and membranes are delivered? As I have before indicated, it is frequently necessary to watch the condition of the uterus for some time to prevent, as far as possible, relaxation and dilatation. I wish to refer now, however, more especially to the treatment of the bruised and wounded genital tract. Nature's efforts at repair are magnificent and effective, if we give her anything like a fair chance. The internal wounds of cervix and vagina are, as a rule, healed with wondrous rapidity, notwithstanding the continuous passage of the uterine discharges over them, if you simply refrain from poisoning them. My advice is: Wash thoroughly the vulva and adja-

cent portions ; use what are technically known as antiseptics or not, just as you please. However, as soap and hot water are always indispensable, and as they are at the same time antiseptic, I can scarcely recognize the correctness of the term "aseptic midwifery." As to the tear of the fourchette or perineum, treat it as you would any ordinary wound on approved surgical principles. If it be of considerable extent, introduce sutures as a matter of course, and dress it carefully. On account of the ordinary discharges, you will require to change the dressings frequently. Whether you use antiseptic pads or ordinary diapers, see to it that they are perfectly clean, and changed as often as is necessary. In a general way I may say : Keep the vulvar surface perfectly clean and free from smells ; prevent the ingress of germs into the genital canal ; leave the internal wounds to the care of themselves ; avoid the routine use of vaginal or intra-uterine douches.

I cannot pursue this aspect of the subject any further, but will recapitulate and epitomize with reference to the essential features of Credé's modified method of completing the third stage of labor as follows :

After following down the uterus during the expulsion of the child, keep the hand on the fundus, using gentle friction, if required, to prevent relaxation of uterine walls for a period of 15 to 30 minutes (usually 15 to 20 minutes).

During the acme of the first strong uterine contraction, squeeze the fundus and upper walls with one or both hands, pressing in the direction of the axis of the uterus. Do not use too much force, and repeat, if necessary, during subsequent pains.

When you feel certain that the placenta is forced out of the uterine cavity, slight traction on the cord is allowable, and may assist a delivery.

After the expulsion of the placenta, take plenty of time for the extraction of the membranes ; do not pull forcibly on them, but coax carefully during uterine dilatations.

After the extraction of the membranes, wash carefully, dress, and treat according to sound surgical principles.

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PROF. HARE said that next to cocaine, the best local anæsthetic that we have is menthol. —*College and Clinical Record.*