

accepted, by modern antiseptic, or, more correctly, aseptic methods. And yet I must confess that mountains of rubbish have been heaped up in the endless discussions that have taken place in connection with this subject during the last few years. Many an enthusiast, who has pinned his faith on some special antiseptic, fully assured that his favorite remedy will purify dirty hands or dirty instruments, has not, to my mind, grasped the first principles of aseptic surgery or midwifery. He who thinks that he may be indifferent about minor details and trust entirely to certain solutions to purify his instruments and cleanse his hands, knows practically nothing about asepticism. What we actually require for ourselves is thorough and perfect cleanliness, and the essentials for such are hot water, soap, a nail brush, and a penknife. We want for our patients proper cleansing of bleeding surfaces, and dressings which will keep them clean, and, along with these, good ventilation, thorough drainage, and perfect plumbing. The majority will probably agree with me when I say that modern antiseptic remedies furnish us invaluable assistance in our efforts towards asepticism.

My intention is to describe certain features of our ordinary methods in the Burnside Lying-in Hospital with a view to the prevention of puerperal septicaemia, and to refer to a few points therewith, interesting both to hospital and private accoucheurs. The patient on admission receives a warm bath, and is kept thereafter as clean as possible. She is dressed entirely in clothing belonging to the hospital. She is allowed to do light work, and her surroundings are as cheerful as possible. When the labor pains commence she is clothed in a clean night-dress and drawers, and placed on the delivery bed in charge of the resident assistant and one of the nurses. The presentation is made out as far as possible by abdominal palpation. Vaginal examinations in the first stage are made occasionally, but as seldom as possible. A basin of warm water, soap, and a nailbrush are placed on the wash-stand, and near them a second basin containing a solution of bi-chloride, 1-1000. Each one who touches the patient is expected to first wash the hands thoroughly, using the soap, nailbrush and a penknife. The hands are then rinsed carefully in the bi-chloride solution immediately before

examining the patient. If internal examinations be repeated, this rinsing of the hands is to be done before each. During the latter portion of the first stage, while the presenting part is pressing on perineum, the vulva is protected by a towel which has been soaked in the bi-chloride solution. After the delivery of the child no vaginal examinations are made, unless they are absolutely necessary on account of some abnormal condition. The placenta is expressed by the modified Crede plan, or perhaps more correctly by the Dublin method. The assistant watches carefully the condition of the uterus and endeavors to keep it contracted by pressure with the hand or gentle rubbing with the fingertips. The nurse takes away the soiled clothes and washes the vulva with a bi-chloride solution. No vaginal or intra-uterine douche is used either before or after labor, excepting in rare instances where in the opinion of the visiting accoucheur it is advisable. The antiseptic pad is then applied. This pad which I now show is made from a piece of butter-cloth twenty-one inches square. This is doubled and a cut made extending inward six inches, which will leave seven inches of cloth at one end, and fourteen inches at the other. Before folding, a layer of absorbent cotton fourteen inches long and seven inches wide is placed in the centre, and over this the butter cloth is folded from either side. The next step is to double the part containing the absorbent cotton, then double again, and over this fold one-half of the piece at the top, which will be three and a half inches in width and completely envelopes the pad, leaving a stub at each end which can be slipped under the binder and pinned to keep in position. A piece of butter cloth ten inches square with a layer of absorbent cotton in the centre, folded so as to be four inches wide is also prepared. This is wrung out of a solution of bi-chloride, 1-1000, and placed over the vulva. The dry pad is applied as before described. I am indebted to Miss Snively, the matron of the General Hospital, for this description of the pad, and I may add that to her is due the credit of bringing it to its present state of perfection. The pads are changed every six hours or oftener if required. Wash cloths are used which consist of antiseptic jute folded in a piece of butter cloth. These, together with the