

driven to improvise surgical appliances out of household implements.

While there are many appliances which it is convenient to have in one's valise, though not absolutely essential, two or three little essentials might be mentioned which are frequently found wanting. Sterile gauze in sufficient amount to pack the uterus and vagina; transfusion appliances both intravenous and interstitial; means for the rapid preparation of a proper normal saline solution such as one would use if he had plenty of time to get ready, should, I think, always be found at hand ready for emergencies.

But the most elaborate equipment of instruments and appliances are of little avail unless one's technique is such as to maintain the genital tract in a sterile condition throughout the whole case. A plentiful supply of sterile sheets, towels, absorbent cotton, pads and such things should have been prepared by the nurse, or under the physician's direction by the patient herself before labor commenced, and liberal supplies of hot and cold sterile water must be available throughout.

It is a simple matter to secure boiling water in most houses in a very short time, but *cold* sterile water is a different proposition, and cannot be had at a moment's warning unless preparation has been made for it in good time.

Dr. J. B. Cooke, of New York, has, I think, solved this problem most satisfactorily. He has what he calls obstetric boxes always ready for use, each containing, amongst other things, a couple of gallons of cold sterile water, put up in a way that it cannot become contaminated. One of these boxes is sent to the house of his patient at least three weeks before the estimated date of confinement, and is thus ready for any emergency. I have found this plan a most admirable one, not only in the matter of supplying sterile water, but from the fact that the box can be made to accommodate basins, etc., which are too cumbersome to carry in one's satchel, and which at the same time cannot be obtained in a private house in the form in which one would like to have them.

With a well equipped satchel, an obstetric box, and a plentiful supply of sterile linen dressings, etc., prepared by the nurse in good time, one can very readily convert the patient's bedroom into a well appointed operating room, and be in a position to conduct a case to its termination in a reasonably sterile manner, even should complications unexpectedly arise. The possibilities and dangers of infection are at least as great in obstetrics as in other surgery, and the best results can only be obtained by the same thoroughness in detail that has made it possible for surgery to advance to the place it now occupies.