

taken. The whole vaginal canal must be disinfected as well as the external parts. This applies to the instruments as well. Leaving aside operative traumatic lesions, the risk to the lying-in woman is septic infection at the hands of her attendants ; and when I say this, I do not exclude the physician. You see, therefore, the absolute necessity of paying strict attention to the details of your work. You will also note I have said nothing about the nurse making an examination. This is not required, and not in your province. This is the work of the accoucheur. It is a golden rule in obstetrical work to make as few examinations as possible. It lessens the danger of sepsis. The physician who asks the nurse to make examinations shirks his work and makes her a partner in his responsibilities, whereas he should bear the whole of it, as he is the chief, the one who gives orders, and the one who should see they are carried out. We will suppose, now, your patient has been confined, and that it has been an ordinary case. The condition of the patient will depend upon the previous state of health and temperament, and whether it is a first confinement or not. If she has had children before, the termination of the labor will be that of rest and intense satisfaction. If it is a first case, and in a nervous temperament, there will be some shock to the nervous system, shown by intolerance of light and sound, along with some exhaustion. From these latter cases keep away anxious friends. Allow no one in the room. The physician will most likely place the bandage on himself. Most patients desire it. You will watch how he does it, so as to do it exactly in the same way. It must be sufficiently wide to reach from the trochanters up to the lower ribs. It must be smooth. A wrinkled binder is an annoyance and a source of discomfort to the patient. It must be drawn comfortably tight over the hips, and lessening degrees of tightness as you approach the lower ribs. Some physicians use a compress over the uterus, to retain it in a state of contraction. Some do not, and some will not even use a bandage. I do not agree with them, as I think the bandage is of very great service in giving support. I can recall many a time where patients have expressed their sense of comfort from the bandage immediately after delivery. I look upon it as a necessary part of the treatment, at least for the first five or six days. The compress might in ordinary cases be dispensed with, but even it is required where there has been a post-partum hæmorrhage. Before the physician arranges the bandage, you have to prepare your patient