her neighbour's house. The delivery over—and in country villages it is wonderful how few complicated cases of labour there are, so that in the great majority of cases there is little or no danger or trouble—the Midwife tends the child and the mother with more or less skill, but thanks to the healthy surroundings, generally with excellent results; and then she looks after the husband and the children—and the chickens and the pigs as well—and probably in less than a fortnight her patient is up, and she returns to her own home duties until a similar case requires her assistance.

Nothing can alter this state of affairs. Any Act of Parliament which attempted to interfere with it would simply cause a universal rural rebellion. It appears to us that many have not realised this undoubted and essential condition of village life, nor the logical consequence that it is impossible to make hard and fast or penal laws against the employment of unskilled Midwives. We hope to continue the consideration of this important and interesting subject next week.

LECTURES TO NURSES ON ANTISEPTICS IN SURGERY.*

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LECTURE III. (CONTINUED).

On the day of operation, then, you have your large bottle of clean aseptic sponges. What more have you to fear? If you are not careful, you may easily throw away all your work, and your sponges may still be to blame for the septic condition into which the patient falls.

You take your sponges from the bottle and place them in a basin, or flat porcelain dish, carefully counting and noting their number. See that your hands are *surgically* clean, and that your basin is also. The basin should also contain 1-40 solution sufficient to cover all the sponges easily. It is also as well to throw over the top of the basin a towel which has been wrung out of the same solution. When a sponge is wanted, take it out of the dish, squeeze nearly dry, and hand it to the Surgeon. If you place it on the bed merely within his reach, see that it is on one of the carbolised towels. If it falls off on to the floor, or is placed even for a moment on the blanket, it will have some spores upon it, and must be treated as septic. Any such sponge, as well as the sponges given back to you, should be wrung out of clean water, until no colouration is given to the water, then placed in carbolic solution 1-20 for a few minutes, wrung out of this, and replaced with the original stock in 1-40 solution.

When the operation is over, count your sponges again, and see that none are missing. Sponges have been left inside the abdomen before now. Having made sure of this, place all the sponges which have been used in liq. potassæ and water, and prepare them as before. Those unused may go back to the stock bottle.

The Nurse with the ligatures, sutures, needles.—Needles require the same cleaning as other instruments, and that will be referred to later. But just here it is necessary to warn you against fixing your needles in a cushion, or into your dress. They should always soak in the same solution as the sutures, and be handed straight from it to the operator.

Ligatures and sutures are used of horsehair, cat-gut, silk, silk-worm gut, kangaroo and other tendons, teased out in fine threads, fine wire, &c.

You can for practical purposes divide them all into sutures which are and sutures which are not penetrable by animal fluids. Those which are not are horsehair, silk-worm gut, and wire. All the rest are penetrable. Those which are not, therefore, simply require soaking for an hour before operation, in a solution which will kill any particles of dust which may have settled upon them. Such a solution is one in twenty carbolic. Those which are, require keeping in some fluid which will preserve them aseptic until the time of use, and yet will not unduly soften or rot them. For cat-gut, carbolic oil one in ten answers very well. For silk, perchloride solution one in one thousand, though it discolours the material, is useful, or the weaker carbolic solution, to which has been added twenty-five per cent. of alcohol. Tendons should be preserved in oil.

Small glass trays are made containing reels, upon which are wound the various sutures, and with lids or tops which fit hermetically, except for a small opening over each reel, through which the end of each thread protrudes. Of course the thread outside soon becomes covered by dust, but if this is drawn out for a short distance, and cut off, the remainder will be found fit for use. But failing these you will see that each skein of silk, catgut, silk-worm gut, &c., is kept carefully from the air until it is required in its own proper bottle or case, and that it is kept during the time of operation beneath the level of some weak carbolic solution—I mean one in forty—from which it should not emerge until its passage direct into the Surgeon's hands. When the operation is over, any soiled bits are ruthlessly burnt, whilst the rest is carefully replaced in its proper receptacle.

(To be continued.)

* As these Lectures will in all probability be reprinted in book form, revised by the author, the diagrams, being printed in colours, are omitted.

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