antiseptic? It is obvious we cannot treat it as we could an open surgical wound or surface. How then are we to protect it from evil influences from without? This is a point of great and special interest in Obstetric Nursing. Nature's chief remedy is the wonderful contraction that takes place in the whole genital tract immediately after delivery. It reminds one of the collapse of a balloon, when the gas is let out; this closing of the uterus and passages serves in a measure to protect them from harm.

The vagina is the channel through which the lochial discharges escape. It is also the channel by which infection is conveyed to the uterus, and hence we have to guard it from the invasion of the foe. In the first instance the duty of antiseptic precautions devolves upon the Surgeon or Midwife, and until recent years they used to end there; but it soon became apparent that these measures of manual disinfection must be steadfastly continued by the Nurse for some ten or twelve days after delivery, to assure the safety of our patients by as far as possible keeping the uterus in an aseptic condition. There are two methods by which an Obstetric Nurse can keep her hands surgically clean, which we will call the *wet* and the *dry*. In the former she dips her hands to the wrists before performing any of her bedside duties in some antiseptic solution, that may be directed to be used by the Accoucheur. Say she has to change the napkins. This must be done with wet hands, which is uncomfortable for the patient, and makes the top sheet damp, or they must be *wiped* first, which detracts from efficacy of the antiseptic. For my own part I recommend the latter plan, *dry* disinfection for the hands, assuming that the antiseptic used is of a *non-poisonous* nature.

Let us assume that we are going to take a Condy course (there are few better), and to continue it all through. As regards the hands, we will take a one-pound tin of Condy's powder, and have half of it crushed under a heavy rolling-pin on a piece of clean demy paper. We will then sift it through a piece of *new* book muslin, rather fine. We put the larger crystals on one side; they will do for other purposes. We put this *sifted* powder into a canister by itself. We now take a portion of it (three or four ounces) and tie it up in a piece of clean book muslin *that has been washed* to thicken it (remember this), and make a dust-bag for our hands. Having reduced our Condy's powder to a state of fine division by our *first* sifting, we make it still finer by our second.

Before performing any of her bed-side duties that involve approaching the genitals, Nurse should wash her hands in warm soap and water, and brush her nails—which, by the way, should be kept short—and then wipe her hands perfectly dry on a Turkish towel. That done, she takes her dust bag, and smothers her hands all over with the finely-divided disinfecting powder. Before applying fresh napkins or absorbent pads, disinfect them by dusting some of the powder over the surface that goes next to the vulva. Before passing the bed-slipper put some Condy's powder (unsifted)—about a teaspoonful—into it (not more), and do this every time it is used. When any of these bed-side duties are done, rinse your hands in warm water, and you can judge from its hue what—if any—septic mischief is to be feared. By this method of manual disinfection we can protect the vulva and external genitals from the risk of infection. We must now consider in what way the vagina and uterus can be guarded. For the former the vaginal douche is the most commonly ordered. I have not a high opinion of it myself, though it is recommended by accoucheurs of the highest standing; for the latter an intra-uterine antiseptic injection, given by Surgeons or Midwives under certain grave conditions. Of this I entertain the highest opinion, for by this means alone can we render the uterine wound antiseptic when it becomes necessary to do so. In order to place before you the relative value of these two methods, let me give you a rough and ready illustration. Supposing a patient had an open wound or ulcer on the leg, would it do any good to bathe his foot with an antiseptic solution?—though, of course, it would do no harm.

We can protect the vulva and external genitals by manual disinfection, and external bathing with antiseptic solutions, using for that purpose a soft mop, as I told you in a previous paper, in preference to sponges or flannels. With respect to vaginal douching *as* an antiseptic precaution, it has often occurred to my mind we might be rather diffusing than arresting septic evil by its use. *(To be continued.)*

PRACTICAL LESSONS IN ELECTRO-THERAPEUTICS.

By Arthur Harries, M.D.,

and

H. Newman Lawrence, Member Institution Electrical Engineers.

[*Left over until next week.*]

There are degrees of contentment; but it will be found that the most contented are those who are engaged in useful work of some kind, down into which thought flows, and that the least contented are those who are idle.