the finger nail, and the use of a hair pin, which is sometimes advocated, is to be condemned as septic, and also as dangerous to the child.) The *second stage* begins with the full dilatation of the os, and ends with the birth of the child, and the *third stage* begins after the birth of the child, and ends with the birth of the placenta.

These stages must be borne in mind, because if the nurse finds that the os is fully dilated, the child's head low down in the pelvis, or on the perineum, and the patient is having strong and frequent pains, it will be unsafe or impossible to give a vaginal douche, or even an enema. When an enema is given to a patient in labour, on all occasions the precaution should be taken of providing for her use a commode, and the nurse should remain within easy call. On no occasion should she be allowed to leave the room, as even if apparently the birth of the child will not take place for some time, the administration of the enema frequently materially hastens matters on, and it is not unknown for the child to be born, under these circumstances, an occurrence which is attended with danger to both mother and child.

The bed on which the patient is confined should be about four feet wide, firm, and furnished with a mattress, entirely covered with a long mackintosh. This should be covered with the ordinary sheet, and a short mackintosh and draw sheet should always be used; over these should be placed what is known as the "labour mackintosh," and one of Southall's accouchement sheets. These last are easily removed when the labour is over, and a good nurse will pride herself upon the fact that when this is done the bed is in an unspotted condition, and that there is no need to change even the draw sheet. The upper bedclothes should be turned back at both sides and both ends, surgical fashion, so that they are easily completely removed, and the patient should during labour be covered with a light blanket. After the enema has acted well, the nurse should, if the case be that of a primipara, direct her attention to the perineum. She must always bear in mind that, except under extraordinary conditions, so exceptional as not to be worth considering, that a ruptured perineum is a disgrace to herself, as well as a very disagreeable complication for the patient. In the case of a primipara, therefore, no pains should be spared to promote flexibility of the perineum in the earlier stages of labour. The two chief means of securing this end are by lubrication, and bathing with hot sponges. The time is now happily past when the oldest and dirtiest sponges in the house are considered the most suitable for use in the lying-in room. The best sponge to use is probably one composed of absorbent wool, and covered with gauze, enclosing a capsule containing eucalyptus, or some other antiseptic agent. With this the perineum should be assiduously bathed with sterilized water, as hot as the patient can comfortably bear. As a lubricant, glycerine of perchloride of mercury, 1 in 1000, is probably best. Undoubtedly the lubricating properties of glycerine are not so great as those of vaseline, but it must be remembered that vaseline, though an admirable lubricant, also affords facilities for the cultivation of germs, as they grow readily in it. Its use, therefore, is contra-indicated, and practically, the use of glycerine is found to be satisfactory. If these means be used, it will be found at the birth of the child that the perineum is elastic and flexible, and the head will pass safely over it without any laceration taking place, whereas, if this occurs in a first case, the very greatest care in subsequent confinements will sometimes not prevent the same thing recurring. Should the perineum unfortunately be ruptured, it is the duty of the nurse at once to acquaint a medical man with the fact, as it is important that it should be stitched as soon as possible, both because immediately after delivery the parts are to some extent numb, and, therefore, the operation is accomplished with less pain to the patient, and also because the sooner it is performed the greater chance there is of satisfactory union taking place. Some surgeons, at the present time, do not object to patients, who have been operated upon for ruptured perineum, being allowed to pass urine as usual, on the ground that "healthy urine never yet hurt a wound." My own observation leads me to suppose that those cases in which a catheter is regularly passed, at least for the first few days, are those which do best, but in this matter, the instructions of the surgeon who performs the operation, must, of course, be sought and carried out. In the same way, instructions must also be asked for, as to administering the aperient which is usually given on the morning of the third day after confinement. The bowels will probably be kept quiet until the fourth or fifth day, and then an enema be given.

(*To be continued.*)

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