be obvious from what we saw last time that it is not necessary at all that organisms shall be introduced from without. They are there already in the vagina, and we merely require some mechanism by which they shall be conveyed to the wound. This mechanism is supplied whenever a vaginal examination is made by sterile—it may be by gloved—hands. In order to ascertain the extent to which the neck of the womb is dilated or stretched by the presenting part of the child, it is usual to insert the finger, at all events, just inside the uterus itself. This finger carries with it—it cannot be otherwise—streptococci from the vagina. Consequently, every vaginal examination adds to the risk of subsequent puerperal fever. This is a point not sufficiently appreciated by the modern obstetric nurse, who is (I speak quite generally, and am well aware that there are exceptions) apt to examine too frequently, under the belief that so long as she uses some antiseptic for her hands, it is perfectly safe to do so. In point of fact, it was evident from a statistical inquiry that was made a short time ago, that the modern obstetric nurses, with a diploma, had more cases of puerperal fever in their practice than the old *bonâ fide* midwives at the same time and place. The reason doubtless was that the old-fashioned midwives do not make so many vaginal examinations.

It is, of course, much worse to make vaginal examinations with hands that are not sterile. Here one cannot help being surprised at the simple and childlike faith which is placed in antiseptic chemicals by some nurses. There are still those that believe that mere dipping of the hands in carbolic lotion or in a solution of perchloride of mercury will rid these hands of germs. When this implicit trust is extended to carbolic vaseline, weak sublimate glycerine, and even solutions of permanganate of potash, the faith becomes a sign of imbecility. It is, of course, essential that the disinfectant, whatever it is, shall be rubbed on the clean hands with some force. Similarly, some people seem to imagine that because there is only a little dirty water and a piece of yellow soap for them to wash their hands in, that these substances straightway become efficient germicides. As if the germs took domestic inconveniences into consideration, and decided to die a heroic death at the sight of the yellow soap because there was no sterile nailbrush handy!

Still, it is obvious that every vaginal examination is not in practice followed by infection, and the reason is that the majority of these are made while the uterus is blocked by the child itself, so that the germs do not get very far in. The most dangerous time for puerperal infection is after the child has been born, not before.

Before we reach this stage, however, we have yet to deal with some causes of infection with which the nurse is, perhaps, not so directly concerned, which occur during the birth of the child itself.

The first of these is that sometimes, owing to a faulty position of the child in utero, it may be necessary for the surgeon to introduce his hand into the uterus itself. When this has to be done, the risks of puerperal infection are very great, but they have to be run, as the alternative is the death of the patient from exhaustion. The reason why the risk is greater here is that the whole hand is introduced well inside the uterus, and not one finger only just inside the cervix, as in an ordinary vaginal examination.

Similarly, when it is necessary to apply forceps in order to terminate the labour by extracting the child, the risk of infection is greater than when the expulsion can be left to the natural powers of the mother.

When once the child is born, the separation of the placenta begins. Under ordinary circumstances this takes place easily, and the afterbirth is expelled without interference in half an hour or less. But if it be necessary to introduce the hand into the uterus to remove it, the risk of sepsis is very great, and, statistically, removal of the placenta is found to be one of the most common causes of puerperal fever when infection occurs at the time of delivery.

After the placenta has been delivered or removed, it is not, as a rule, necessary to do anything more, but, as a matter of fact, it is just at this stage that the most common cause of puerperal sepsis comes in. Though the practice is fortunately not so common as it used to be, yet it very frequently happens that the nurse administers a vaginal douche at this stage. Inasmuch as the chief effect of this is to wash organisms from the vaginal or vulval outlet into the uterus, one could not very well imagine any procedure likely to be more deleterious. Any clots in the vagina which the douche is intended to expel will, in point of fact, escape quite easily by themselves, and even if they should become septic, which they usually do not, the products are not absorbed to any extent by the vaginal mucous membrane. The practice of administering a vaginal douche as a routine practice after labour is most strongly to be condemned, and should never be done without the express instruction of the surgeon in attendance.

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