first adopted and described. After the expulsion of the child he applied friction to the fundus, and when the first uterine contraction occurred he grasped the fundus in his hand, with the thumb on the anterior wall and the four fingers on the posterior wall, and thus squeezed out the placenta—"as the seed from a ripe cherry compressed between the thumb and fingers." His aim appeared to be to complete the operation as soon as possible, and, according to some of his earlier statistics, the average duration by expression was 4½ minutes. This method was popular for years, although many opposed it. After a time the opposition grew stronger, and a reaction set in. It was then condemned as harsh and unscientific. I think there can be no doubt that the adverse criticisms which became so common at this time were essentially correct. In the hands of many, if not the majority, it was extremely harsh, and caused much unnecessary pain. Too much attention was given to a rapid expulsion of the placenta, and too little to the expulsion or extraction of the membranes. As a consequence, large portions of the latter were frequently left in the uterus. The rapid expression of the placenta partially emptied the uterus before retraction and contraction were properly established. Under such circumstances accoucheurs were likely to meet with two conditions —inertia of the uterus and retention of membranes—which together were always likely to favor post-partum hemorrhage. And yet Credé's chief aim was to prevent such hemorrhage.

It is somewhat remarkable that results so varied should follow any one plan of treatment. I think that in the hands of Credé and his assistants the results were generally satisfactory; but it was soon discovered that the dangers to which I have alluded were very serious in the practice of many who were either unskilled or improperly taught. Without going too minutely into details, I may say that Credé himself, after practising his method some years, recognized these defects, and accepted the rule that no one should endeavor to squeeze out the placenta until at least fifteen minutes had expired after the expulsion of the child. This extremely important modification of Credé's original method is a great improvement, and, while it makes the plan almost perfect in the opinion of the great majority, will account for the many misconceptions which have appeared in the numerous discussions which have taken place on this subject.

I have no doubt that the bad results which Dr. Tye noticed in his practice were entirely due to the faulty features in Credé's earlier efforts, together with the very defective descriptions of his work. When results so disastrous followed the obstetric efforts of so able and careful a practitioner as Dr. Tye, it is difficult to have any idea of the injuries which might follow such defective methods in the hands of the rank and file of the profession in this and other countries. In discussing the subject, I shall consider the modified Credé method and that of the Dublin school as practically the same, and actually the best known; but I think that many of the details are worthy of a critical discussion.

My description of my conception of the method need not be long. While the child is being expelled keep the left hand on the uterus, and endeavor to keep it contracted. In my own practice, my aim is to keep this hand on the uterus for at least half an hour after the expulsion of the child. I use the right hand to place the child in a proper position, or get the assistance of the nurse for the same purpose. I object to the practice of asking the nurse to press on the uterus while the accoucheur ties the cord. In my experience, I have not met one nurse in ten who is able to perform this duty effectually; and I make it a rule, on that account, to ask the nurse to tie the cord. If I am not satisfied with the way the ligature has been applied, I re-tie the cord after I consider it safe to remove my hand from the mother. Harsh friction or rough kneading is quite unnecessary. I would like to emphasize this point, because I have seen methods unnecessarily rough employed by competent practitioners. It frequently happens that a slight friction with one or two finger tips is quite sufficient to keep the uterus well contracted. Wait 15 to 30 minutes before making any active efforts to express the placenta. If possible, choose the acme of a pain, or, more correctly speaking, of a uterine contraction. Endeavor then to squeeze out the placenta either with one hand in the manner before referred to as described by Credé, or grasp the fundus with both hands, taking care to squeeze and press in the direction of the axis of the uterus. When you are confident that the placenta has left the