

had seen of operative surgery towards applying its methods to midwifery practice. There has been little of precept and example to counteract this tendency. Our students in the medical schools are not taught obstetrics and gynæcology in a reasonably practical way—while on the other hand they apply themselves to surgery, theory and practice, from the time they pass the entrance examination until they graduate. They learn surgery which they will never practice, and they will practice midwifery which they have never learned.

But the mischief is not merely negative. If the young practitioner turns to some of our English manuals of midwifery, or to contributions to our medical journals, he is liable to be misled into practice which is actively harmful. It would be a long and invidious task to support this statement by references, but it may be as well to take one or two illustrations. A friend of mine has published a "Practice of Midwifery" as a guide for practitioners and students. The edition from which I quote is dated 1896. He says: "The perverted old adage that 'meddlesome midwifery is bad' has long stood in the way of an early application of the forceps in uterine inertia Rash and inconsiderate measures I would not be thought to encourage. . . . but we must not let our caution warp our judgment and so delay a comparatively simple and harmless operation until it becomes one that is difficult and dangerous." On the rest of his chapter on the forceps I have no relevant criticism to make, except that it is too much like the summing up of a judge to a jury to afford a clear, definite and helpful guidance to the student; but in this respect it is by no means an exception among the manuals.

I have already quoted a master of the Rotunda Hospital of Dublin, and I should like to refer for a moment to a phase of midwifery practice initiated, or largely influenced in its development, by another. Dr. Johnston* published an account of the use of the forceps at the Rotunda Hospital in Dublin during the year 1875. He says: "There were 113 cases where we considered it advisable to deliver with the forceps, and 83 of these were primiparæ, 75 mothers recovered, 8 died, 6 being cases of seduction, fretting; 2 cases of peritonitis. Thirty were pluriparæ; 26 mothers recovered, 2 died." There were 1,025 cases, and the forceps were used in 11 per cent. The maternal mortality is 10 per cent. in the forceps cases. Death in child-bed from "fretting" appears to be a specialty of the Dublin medical school. They have not anything

* "Medical Press and Circular," January, 1876.