

The delivery room, itself, contains six couches, whose bedding is composed of a straw mattress, whose contents are changed after each birth, with three cushions of hair so arranged that the cushions at the foot can be superposed upon the centre one, thus conveniently elevating the hips for operative procedure.

Immediately after the morning obstetrical lecture, a patient is placed on each bed for examination by touch during pregnancy. Perhaps there is nothing in obstetrics more striking to the observer than the perfection which is attained in the external examination. In almost every case the position is ascertained with considerable accuracy. The fingers of both hands are pressed with considerable force above the pelvis, so as to receive the head between them, then a series of rather rough palpations with the fingers of each hand, alternately, in quick succession, are made over the abdomen, to ascertain the position of the so-called "small parts," when an auscultation, which is not always necessary, confirms the result. In every one of the breech cases present, the diagnosis was so established, and it is really astonishing how readily a little practice renders it a matter of easy acquirement. Easily executed as it is without exposure, and attended with so little inconvenience, it is a matter of wonder that it is not rendered more available by ours, the most practical of all people.

During the entire process of birth, the auscultation of the fetal heart is assiduously applied, and on intimation of impairment of power the birth is hastened; the exceeding rarity of still-born infants may be due to this cause.

In breech presentations the delivery is always performed by extraction as soon as the cord is likely to be affected. Nothing is, of course, attempted until full dilatation of the os; then after delivery of the hips, these are seized in both hands, and a series of lever-like movements with extracting force is applied, until the shoulders appear; if necessary, the sacral arm is detached, then the body turned in the proper direction so as to make the other or pubic arm sacral, which is likewise delivered, and the head is engaged at the inferior strait. If now any delay occurs in its rapid expulsion, it is thus accelerated. The hand is passed between the posterior perineum, and the head, and the face directed squarely into the hollow of the sacrum, after which the fingers of the right hand are placed fork-like over the back of the neck and shoulders, the palm of the hand resting on the back of the child, the left hand grasping the feet, and a firm, forcible traction downward toward the perineum and outward is made, bringing the occipital protuberance fairly under the symphysis, when the body, elevated by the left hand over the body of the mother, develops the face gradually, but quickly from the perineum, and the birth is accomplished. This is the Prager Handgriff, so-called in contradistinction to the grasp of Smellie in execution with us, where the fingers of the right hand are placed in the canine fossa, and the chin approximated closely to the breast or that of Voigt, in which in addition, the index and middle fingers of the left hand are applied against the occiput and forcibly extended. The danger of separating the head, or injuring the spinal cord, is, according to teaching, here purely theoretical, as the moderate force requisite is insufficient thereto; besides on experiment, it was found

necessary to append a weight of two hundred and fifty pounds to the head to cause its disjunction, an equivalent of a power which is entirely unnecessary. It has ever been the plan in adoption here. In the four cases which have already occurred during this session, the manœuvre has been safely and easily affected, and with good result.

The exquisite support of the perineum by the hands of the trained midwives almost always prevents a rupture. They claim to be able to foretell those cases in which such an accident is inevitable by the feel, and then it is anticipated by a tolerably free incision in the side of the distended perineum, which is, immediately after birth, united by silver suture. In the three cases in which the incision has been so made, the result was also good. Another cause of the infrequency of perineal rupture is the manner of treatment, just at the moment of passage, "Durchschneiden," as the technical phrase runs; the mother is ordered to desist from all effort; the perineum and fetal head are thoroughly dried to protract its passage; the head is pushed down against the perineum, against the opposing hand, and then the scalp is carefully and cautiously drawn up from below, and thus the head is developed line by line, as is the favorite expression, until the parietal protuberances pass, and the elastic perineum glides back over the face, born, as it were, between two pains. The birth of the shoulders is similarly managed; first a downward force gentle but firm, then an elevation of the head, and gradual delivery of the sacral shoulder. Of course, such a system is only practicable where exposure is complete, hence it is not likely to prove of much benefit at home. In cases of fetal asphyxia the child is laid on the back after detachment, and cold water dashed on the chest and abdomen with brisk friction over the anterior surface, accompanied with a natal flagellation, which in severity approximates in degree that which in later years, form such a powerful stimulus to industry or virtue. Should this prove insufficient, the body is placed in a hot bath, and ice water poured on the head. In the single case in which this proved unsuccessful, the body enveloped in a blanket was laid on a concave tin vessel, whose interior was filled with hot water, and permitted so to remain all night. In this instance this was alike futile.

Craniotomy is performed with a long trephine, differing except in its length, in no respect from the ordinary brain instrument. In our course on operative obstetrics we had occasion to apply the instrument on a dead child in the phantom, and were charmed at the ease of its execution. The cephalotribe in use is Seyfert's own, and is an improvement on all preceding German instruments; but still as compared with Hodge's light and elegant compressor crania, an unwieldy instrument. The forceps is a slight modification of Nageles.

The number of cases of contracted pelvis is indeed surprising, considering the large powerful frames of these women of the Slavonic tribe, whose avocations are of the rudest character, even to carrying the hod. Perhaps it is due, however, to this very fact, extending through many generations, the adaptability is finally accomplished; the bones become firmer; the chest broader and fuller; and the pelvis deeper and narrower, more of the masculine type. The treatment in such cases is expectant, after ascertaining the exact character of the defor-