

ing manner: The time occupied in tying the cord and disposing of the child is generally about the same period as the intervals between the previous pains, and nature is found quite prepared to obey the solicitations of the attendant and expel the after-birth, which in the majority of cases lies within the vagina. Taking hold of the funis with the right hand, the left is placed over the fundus of the uterus, and through the abdominal walls gentle manipulation is made, at the same time a moderate degree of traction is used in the proper direction upon the cord. According to my own experience, the uterus responds to this action, and the placenta comes away; and when such is not the case, it is found that some unnatural adhesions retain it. In all cases where the placenta does not come, I unhesitatingly introduce the hand and remove it. The dilated state of the parts, and the prepared condition of the hand are most favourable for this procedure. But, says one "meddlesome midwifery is bad," and so it is, in so far as nature is thereby embarrassed or hindered. Is it, however, a meddlesome thing to tie the cord after the child is born? Certainly not, nor is it to remove the placenta, which now, a foreign body, only prevents the comfortable settling of the mother, whose jaded frame and excited mind so much require the absolute rest which only comes when all is over. It must be borne in mind that in the great majority of cases the placenta comes away by gentle traction and abdominal manipulation, and when it does not, there exists abnormal adhesions, rendering the introduction of the hand necessary; for it is taken for granted that no one would think of administering ergot to produce pains to expel the after-birth. And if manual interference is necessary, there can be no doubt that the sooner it be made the better. The argument that may be advanced, that it is better to wait until the woman can rest before disturbing her, it is ventured, is unsound. After great agony attending the birth of the child, the removal of the after-birth is but a small thing, unless some time has elapsed so that the stretched and benumbed parts have had time to recover their sensibility.

And, still more, the opinion is advanced, that this procedure secures a more thorough contraction of the uterus, so as to prevent *post partum* hemorrhage, and also to prevent the formation of numerous clots, the expulsion of which causes the distressing after-pains.

Reference has not been made to the use of chloroform. It is the writer's custom to always carry with him chloroform when called to attend a case of midwifery, to be given if desired by the patient, and the number desirous of having it is steadily increasing, notwithstanding the influence used against it by a few old practitioners, whose prejudice or something else will not permit them to countenance its use. Of course the amount of