

or six hours of severe suffering. Since then I have taken my forceps with me, and I have not waited until the woman was in articulo mortis. I have used the forceps a great many times in my forty years' practice. I have in that practice lost more than one patient, but I do not remember to have lost one under a forceps delivery. I have had, I suppose, like a good many of my friends, rupture of the perinæum a few times, but I have had as large a porportion of such cases, where there were no forceps used, as I had when I used the forceps. I can remember but two cases where I had rupture of the perinæum after using the forceps — one, a case of eclampsia, where I think my father used the forceps. The woman went into a convulsion and suddenly threw herself just when traction was being made, and there was a rupture. Early this spring I had another case — it was not my own — it was a consultation case. The woman — a very small woman — had been in labour for many hours. I applied the forceps. The head came suddenly on the perinæum, and I had to put a stitch in. I think those are the only cases I have had in connection with the use of the forceps.

I came to the conclusion that the teaching that I had gone through, and the aphorism that "meddlesome midwifery is bad," is accountable for a great deal of suffering and a great many deaths. I do not mean to say that the aphorism is untrue there is no doubt meddlesome midwifery is bad — but it is constantly used by the irresolute, undecided, indolent man to excuse his inaction. You are called in consultation, you find that the patient should have been delivered hours before, your consultant will calmly tell you, "meddlesome midwifery is bad," and that he believes in leaving the case to nature. The question is, how are we to tell when nature is perfectly incompetent to deliver the patient? You can only tell by waiting until the last moment, and then it is often too late. There is not the slightest doubt, that the man who uses the forceps as I have done, has used them often, no doubt, where the powers of nature, if left for a few hours longer, would have been competent to deliver. There is a doubt, but you will remember the advice of Hoyle to whist players, "when in doubt, play a trump." I do not think better advice could be given to the judicious,

skilful midwife than Hoyle's advice to whist players, when in doubt, operate. With regard to the harum-scarum, rattle-brained midwife, all I can say is, he has no business in a lying in chamber, and if he finds himself there, no advice that you or I, Mr. President, could give would help him.

Again we were told, when I went to school, that when the disproportion between the maternal parts and the child's head was so great that there was no chance of natural delivery, we were to use Smelley's scissors, or the cranioclast, to reduce the size of the head, and deliver in that manner. Now, since abdominal surgery has become so much the fashion, and the abdominal section so common, that if Darwin's theory is true, we may in the future expect to develop a race with the abdomen already open. I see in the reports of the obstetrical and gynæcological societies, that a great many have brought up the question as to whether craniotomy should ever be allowed. I remember at a meeting of one of these societies in the States that the question was brought up, and the proposition was advanced, whether it should not be declared criminal; and that the man who reduced the foetal head should be put in the same category as the criminal abortionist. I remember it was stated there that the foetus had as great a claim to life as the mother; and when it was shown that under the best circumstances, with the best men, there was more danger to the mother than by the operation of craniotomy, it was stated that the foetus was worth as much to the world as the mother—that it had just as great a claim to life, and it was the mother's duty to submit to the operation even with the great chance of the loss of her life, in order to save the life of the foetus. I remember seeing the remarks, and it amused me, of one of the medical men there, who stated that he considered the life of the foetus of more value to the community than that of the mother—that the mother had arrived at the end of her tether, and that she had done the best possible—and I suppose he concluded that she was only an ordinary, humdrum wife and mother, whereas the possibilities of the foetus were unlimited—that it might amount to almost anything, and that when the surgeon plunges the scissors in the living brain, or uses the cranioclast, he might feel that he had stilled forever