

after this pain, by which the head is born, is over, recover the vital stimulus? If the placenta remains attached it might, indeed it would. But what says experience? The writer speaks only for himself. He has noticed invariably that the child,—shortly after the head is born, when there should be, if the placenta remained attached, a return of maternal blood—makes an effort to breathe; there is a gasping. As the chest is confined within the pelvic cavity, the lungs cannot expand; if a long period elapses before another pain completes the birth, the child becomes asphyxiated, and may even die, at least render artificial respiration necessary to bring on the natural. So far, it is supposed, all has been done by the normal powers of nature, although if interference or assistance has been necessary, the subsequent steps will be the same.

When the child is completely expelled, it is submitted that the final expulsive effort of the uterus has entirely detached the placenta, unless there should be abnormal adhesions, and even then it is not of sufficient extent to allow a maternal flow of blood for the child. In other words, it seems most likely that when the head is born there is such a separation of the placenta from the uterus, that the child no longer can derive sustenance from that source, and consequently seeks it in another way, as is evidenced by its gasping; and that when the child is entirely born, there is undoubtedly a complete severance, unless there be abnormal attachment, which will require unusual interference to overcome, yet which cannot afford a channel by which the mother can continue to maintain life in the offspring. The child is born, and henceforth must seek the breath and food of life in another way—through other channels. Such being the case, we can see the utter futility of the accoucheur waiting a moment before severing the funis. The mistake of feeling the cord, to see if there be foetal circulation, is palpable, for although blood may be felt passing from the child to the placenta, it does not from that action receive any benefit—acquire any change. It is obvious then, that the cord may be divided without delay, and, moreover, when the child is asphyxiated, the sooner this is done the better—the greater the chance of resuscitating the child by artificial respiration. The proper course is, not to wait until the child breathes, but to hasten the application of the ligature and division of the funis, that the child may be placed in the most favourable position and circumstances to produce animation.

The child is separated from the placenta and is properly breathing, what remains to be done? Will the medical attendant apply a bandage and wait for a pain to expel the placenta, be the time long or short? Why should he wait? For five years the writer had been accustomed not to wait, but to proceed to assist nature in its removal, in the follow-