

teaches that appeals to their religious instincts are in vain. The moral nature is paralysed and utterly helpless to control conduct. The physical system through which mind operates is out of tune, and nothing but the repair which time and health can bestow, will bring concord and harmony out of the instrument. The experience of medical men is, that nothing short of personal restraint can cure the members of this class, and to whom is given the name of dipsomaniacs. It is as futile to appeal to their manhood, as it would be to reason any other maniac into rectitude of language and conduct. I would to God that we could say this mania was confined to spirit drunkards. Every druggist and every physician can testify to the increased number of opium and chloral consumers. Those who have formed and are forming the habit are daily increasing. Many who have reformed in their spirit-drinking habit, betake themselves to such narcotics. These drugs are stealthily indulged in as substitutes for liquor, and thus while they have driven out one devil they have co-habited with a dozen in his stead. The former punish with rods and the latter with scorpions. This is not reformation, it is only a change of intoxicants to those of a far more deleterious nature. This habit is more prevalent than is dreamed of by social reformers, and a crusade is needed against the indiscriminate sale and consumption of all such intoxicants. In this neuralgic, nervous, sleepless and bustling age, this tendency will increase unless a warning cry is raised by medical men.

MANAGEMENT OF THE PERINEUM IN LABOR.

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The obstetrician is always gratified to find the perineum intact after parturition. Few lesions occurring in obstetric practice have more far-reaching consequences than laceration of the perineum. The prevention of this accident is creditable to the accoucheur, and is of the greatest importance to the patient. Fortunately many cases recover perfectly without interference of a surgical nature, and the process of immediate repair is easily performed, so that

there are two avenues of escape from this injury. When the parts fail to heal spontaneously a rather serious plastic operation is required to restore the perineum. In the case where immediate suture is made there is risk from septic absorption, so much so that experienced surgeons have called attention to the dangers that may occur after this operation. We must therefore accept the conclusion that the prevention of perineal laceration is far in advance of any result that can be obtained by processes of repair. He who prevents a rupture is a better obstetrician than he who successfully repairs one.

It is true the perineum cannot always be saved, but the exceptions are comparatively rare, and when they take place are often due to some inherent defect in the parts themselves. Although the perineum is sometimes ruptured by the parts following the head, this paper has reference only to delivery of the head which comes to the perineum by the uterine contractions, or by the aid of the forceps. In the first case, when the pains have forced the head well down on the perineum, and towards the vulva, then the head should be retained in that position and not allowed to retire; this is readily accomplished by pressure applied above the uterus with the left hand. The continuous pressure kept up in the intervals between pains exhausts the muscles of the perineum, so that it more readily yields, expansion going on, and steady enlargement of the vulvar orifice taking place. When the pains are forcible, the pressure above the uterus may be relaxed, and the right hand used to support the perineum in the usual manner, that is, keep the head well pressed into the arch of the pubes to prevent an excess of force downwards, and also to allow to proceed slowly so as not to stretch the parts beyond the power of endurance.

Now the condition of the perineum during a pain can only be known accurately by having the parts *in view*; this is an essential point in the treatment for the prevention of laceration. Whether the patient be in the lateral or dorsal position, the clothing being slightly raised on one side, permits the necessary observation. The patient is rarely aware that this is done, and if she is, does not object when she knows for what purpose it is done.