

Obstetrical Supporter," an invention admirably calculated to afford every assistance to the parturient woman to lay out her strength as the calls of the uterine action demand; while to the physician it is a saving of an almost incredible amount of the being squeezed-and-pulled-around fashion, to say nothing of direct hard work.

2. *The Examination.*—Frequent examinations should *never* be made during the first stage of labour; no good, but much harm may result from this meddling interference. One or two examinations should be instituted in order to become acquainted with the progress of the labour and the nature of the presentation, that if it should be found faulty, it may be corrected at the earliest period possible. The disgusting practice of constantly *helping*, as some women are pleased to term it, by the continual putting in and taking the finger out of the vagina for hours, and occasionally falling *asleep* there, I have known to be practised by some physicians who, without confidence in themselves, are perfectly satisfied to do something, be that something nothing more than to follow the silly dictates of the patient. To make a poor woman believe that a finger can help her, when the entire energies of her body and mind are concentrated upon the process she is painfully and almost unsuccessfully striving to bring to an issue, is not only simply absurd, but is highly unprofessional and censurable, and can but serve to gratify the prurient tastes of either patient or physician. It is, therefore, nonsense to dream of helping, by the constant thrusting in and out of the officious finger; though it is unquestionable that the practice tends most effectually to remove the mucus so freely poured out to lubricate the maternal passages, as well to protect them from contusion, as to facilitate the birth of the child. There is no necessity of a close attendance at the bed side, save during the continuance of the second stage, then to afford the necessary support to the perineum and receive the child; beyond this, in an uncomplicated case, the delicate and high-minded practitioner well knows that his presence is not required near the patient, though, if out of the room, for one moment, he should be within calling distance.

3. *Descent of the Bladder, or Cystocele.*—Upon the physician's arrival in the sick room, and after enquiries made as to the length of time the patient has been in labour and the nature of the pains, his first question should be directed to the condition of the bladder and intestinal canal, and this should be done even before proposing the first vaginal examination. In the great majority of cases, either from unwillingness on the part of the patient to rise, or from the real or supposed absence of desire to empty the bladder, the labour is allowed to set in and continue; and when prolonged, the viscus may become overdistended, adding to the already severe sufferings of the patient, and from the continued pressure exerted upon it, by the presenting part of the child, inflammation, suppuration and even sloughing may ensue, inducing if not a necessarily fatal termination, at least a certainly deplorable infirmity. Again, the organ may be so overdistended, that without the concurrence of the causes just named, it may be suddenly ruptured. When the bladder is not emptied either through the efforts of the patient, or through the instrumentality of the catheter, it will sometimes happen that, at an early period of the labour, it is pushed before the head, form-