

When the head or a portion of it is born, should we render any assistance by extraction? No; decidedly not. The natural method of delivery is by expulsion, *i.e.*, by forces acting from behind. One hand should always be placed on the abdomen over the uterus, and pressure by this hand is justifiable, or in fact generally desirable, but the body should not be dragged one inch by the other hand. After the head is born there is frequently considerable delay, and such delay appears very dangerous to the child. The child will generally survive several minutes of such pressure, but it is well in many cases to expedite matters, in one way only however, *i.e.* by pressure of the left hand on the abdomen. This is, I know, a simple ordinary rule of obstetric practice, but I refer particularly to it because I have seen physicians of large experience hasten delivery by pulling on the head and shoulders. The principle involved holds good for the third stage as well as the completion of the second. We should encourage the uterus to contract thoroughly as its contents are being expelled. The large sinuses are thus closed and hæmorrhage is avoided. If we pull the child away to any extent before such contraction takes place, the cavity thus formed will probably be filled with blood. The child being expelled, we should still watch the abdomen as carefully as before. I was accustomed formerly to allow the nurse to make pressure over the uterus while I was attending to the child and the cord, but I have found as a rule that nurses are perfectly incompetent to perform this duty, and as a consequence I have lately made a different division of the work, and have got the nurse to attend to the cord with what assistance I could give with one hand, while I made pressure over, or gently kneaded the uterus with the other.

We have of course now reached the third stage, and I look upon the proper expulsion of the placenta as one of the most important points in the whole process of delivery. By using one or both hands we have almost perfect control over the uterus. Although I have always endeavoured to employ a modification of Credé's method, I have not been able to complete this stage so rapidly as he and his disciples, and indeed I have not attempted it. I keep up a

certain amount of pressure constantly, and increase that pressure during the uterine contractions. I do not, however, press so firmly as Credé proposes, as it appears to me likely to do harm. I think, however, that the placenta should not be dragged, not even when it is partly in the vagina, and near the outlet, because that portion which remains in the lower part of the uterus still acts as a plug on those sinuses in the same portion which are not completely closed: and I have found that the moderate pressure applied externally in the way I have indicated, is quite sufficient, with the uterine and vaginal contractions, to complete the process of expulsion. I find on an average that this takes from 15 to 45 minutes, which in these modern days may be considered rather a long time. Some years ago I could accomplish this part of my task more quickly, but I have reason to think that while I have lost more time lately, my patients have gained a more than proportionate degree of safety.

After the expulsion of the placenta it is well to watch the uterus, particularly if it is not well contracted, for some time before applying the bandage. The application of the bandage has been considered superfluous by some, but it is probably almost universally used at the present time, and, I hope, will always be so used, as I think it a great source of safety and comfort to the patient. I have found no patent bandage, specially fitted for a genteel waist, very satisfactory, and therefore prefer a plain strip of cotton, wide enough to extend well downwards over the hips and upwards to cover the lower part of the thorax. A compress is so easily displaced that great caution should be exercised in its use.

Dr. Garrish, of New York, advises us to make the napkin which we apply to the vulva antiseptic. To that I have no objection, although I have not employed such myself. All soiled clothing should of course be removed, and our patient left as dry and comfortable as possible. I do not think it necessary that she should be confined rigidly to any one position, but may be allowed to change as she wishes. Such slight movements do not, probably, interfere with surgical rest and pressure as applied to the lacerations by the elastic surrounding tissues to