

I have encroached upon your space with the sole object in view of re-echoing Baudelocque's opinion—an opinion which I am glad to find is shared in by Hodge,—that “ordinarily the mother is adequate to her own delivery,” and of giving expression to my own, that although many attentions may be demanded to *facilitate* the natural modes of delivery, yet that any decided *interference* is usually uncalled for.

I am, yours sincerely,

MEDICUS.

Very little is needed on our part in reply to Medicus, as he appears to agree perfectly with us in the remarks we made in the review in question. We do not even advocate “the gentlest, most delicate coaxing so to speak with the index finger in the groin or brim of the pelvis.” Breech presentations when not primipariæ, rarely, if ever require aid until after the birth of the body of the child, but when that is effected we think that unless the head is speedily delivered, the delay would result in rapid death to the child. Dr. Hodge in his work advises leaving the delivery of the head to nature unaided. At page 200 he says: “The head being in the pelvis, the practitioner should never forget that the uterine contractions can have no influence over its propulsion, and that the completion of the delivery must depend on the voluntary exertions of the mother. Hence she should be strongly encouraged to increase her bearing down efforts, while the practitioner, carrying the body of the child in front of the symphysis pubis, should place the fingers of his left hand on the perineum in front of the coccyx, so as not only to support the perineum, but through it, to increase the disposition to flexion by pressure on the top of the os frontis which will now be found resting on the posterior wall of the vagina.” Tis true the author fully recognizes this as a most critical period as regards the child's life, and recommends the novel method of acting on the child's head through the rectum of the mother. For our own part we prefer the old fashioned way of the finger in the mouth of the child, or what is better, especially when the parts are rigid, and the child's head large, that of slipping on a pair of short forceps and delivering at once, we cannot see the object of delay, and are convinced that it is the period of greatest possible danger to the life of the child. Nothing can be more pernicious than meddling midwifery; but to fairly represent how to act and when, becomes the duty of the teacher of the obstetric art.—EDS.

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To the Editors of the Canada Medical Journal.

GENTLEMEN,—Pray say a word to the Governors of the Montreal General Hospital, that they may be induced so to alter the operating theatre, that students may have some chance of seeing the operations. As it is now, it is impossible.

SEVERAL MEDICAL STUDENTS.