

refer to the effect of placing the child to the breast almost as soon as born, or at any rate as soon as washed. Dr. King in an excellent paper (*Amer. Jour. Obstet.*, April, 1888) says: "with the civilized woman, when the child is born, it is immediately taken away from her by another,—the nurse or physician. The barbaric woman, on the contrary, is able to rise and take care of the child herself, and so do the animals. I have thought it not improbable that this apparently trifling difference may have a very material influence in creating the necessity for artificial aid in placental delivery. We have learned by experience that pressure upon and kneading the uterus and the application of the child to the breast secure uterine contraction and promote expulsion of the after birth. The very means which nature has provided and designed to promote placental expulsion are, in the civilized female, taken away from her, and hence the necessity of some artificial substitute, which is supplied and rightly supplied by the hand of the accoucheur."

The same writer makes a very valuable remark with regard to drainage, which we think is but little put in practice by the majority of practitioners. He says: "from the necessity of recumbency for some days following delivery, drainage from the uterus and vagina, by gravitation, is interfered with in the civilized woman. On the contrary, the uncivilized woman as well as the animals, after natural labor, are able to rise up and walk, and thus promote drainage by gravitation."

As long ago as ten years we were recommended by one of the oldest practitioners in this city, Dr. Hingston, to allow our parturient patients to sit up for a few minutes several times a day while they were emptying their rectum or bladder, so that at the same time they might drain their uterus and vagina of the clots and bloody serum accumulated in them by the dorsal recumbent posture. And we have never had any cause to regret following this advice.

While the death rate of midwifery cases has fallen very considerably, indeed to almost nothing in private practice, it is still considerable in hospital practice; the difference we believe to be due, not to an unfavorable state of the health of women in these latter, on the contrary the hospital cases generally come from a much more robust class than those in private practice, but rather to the presence of students and nurses who cannot be induced to believe in aseptic midwifery, and who

will without compunction go directly from the dead house or surgical ward to the bedside, and even into the vagina of the parturient woman. In the Feb. number of this Journal we called attention to the growing conviction in the minds of the most advanced obstetricians, that the less the woman was fingered during her confinement the less likelihood was there of septic complications. But if it is bad enough for her to be examined by the careful and educated physician, how abominable it is to have her examined by the ignorant and unscientific nurse whom we most often find in great demand when a confinement is on the tapis. As an instance of the danger from this source, we might mention that when we began practice we were once summoned to see three sick children in the east end of the city, and whom we at once pronounced to be suffering from scarlet fever. Their grandmother, who had one of them on each knee, remarked that she was sorry that she could not stay to help their mother to nurse them as she had just been sent for to attend on a lady in the west end, whose labor had already begun; of course I took immediate steps to prevent her from starting on her murderous errand.

If, however, the death rate has considerably fallen, the same cannot be said of the number of minor accidents, such as laceration of the cervix and perineum, which have certainly increased. Now, although Emmet, when he first wrote on lacerations of the cervix, proved by his statistics that the medical man was not in these cases to blame, we have noticed what is somewhat remarkable, that among English women, nearly always confined on the left side, the laceration is nearly always to be found there; while among French women, who are nearly always delivered in the dorsal position, the laceration is either by bilateral, or at least it will be found on the right side. In other words the laceration is generally found on the side where the attendant has had the best opportunity of pressing and stretching the cervix with his right index finger.

Dr. King calls attention to another evil of frequent vaginal examinations in the following words: "One of the means which nature has provided to facilitate the transit of the head through the vaginal canal and vaginal outlet, viz.: the luxurious layer of lubricating mucous, has been repeatedly disturbed, broken up, and withdrawn by the examining fingers of the obstetrician."