

the lever 3 times, total 27; making the average about 1 in 608 deliveries. According to this calculation, most physicians in private practice would require to use them but seldom, as, supposing an individual to attend 4,000 cases in the course of his life, which is a greater number than falls to the lot of most men, the forceps or lever would be necessary in little more than *six* cases. I consider the forceps, when used with prudence, a most valuable instrument; but its utility is greatly lessened by the injury so frequently inflicted on the patient, by having recourse to it where *no* instrument is *necessary*: but *much more so* by using it where, in my mind, it is not only inapplicable, but highly dangerous to the patient's safety."

But it may be objected to the frank acceptance of Collins' rules for our guidance at the present time, that the childbed mortality under such rules must have been very high. It was far otherwise. After giving an account of the measures adopted to banish or guard against puerperal fever, he says: "Of 10,785 patients delivered in the Hospital subsequent to this period only 58 died, which is nearly in the proportion of 1 in every 186; the lowest mortality, perhaps, on record in an equal number of a similar class of females." Another objection which naturally arises to what some might call procrastination in the management of labour is the high death rate among the children born under such circumstances; but Collins supplies us with full and exact information on this subject, and the infant mortality is surprisingly small. He says: "The total number of children born was 16,654, of these 284 died previous to the mother leaving the hospital. This is nearly in the proportion of 1 in 58½, which must be considered a moderate mortality under any circumstances; however, when it is considered that this included not only all the deaths that occurred in children born prematurely, and in twins, but also every instance where the heart even acted or where respiration ceased in a few seconds after birth, the proportion of deaths becomes *trifling* indeed. Of the 284 deaths, 100 were premature deliveries."

*The Influence of the Introduction of Anæsthetics.*—The introduction of anæsthetics into midwifery practice marks the opening of such an era that every modification of the obstetric art within the first period sinks into insignificance. Time permits me only to indicate, not to fully detail, the modifications of practice during that time. We find, for example, that Smellie was rather attracted by the use of the forceps, and then he and his pupils initiated a mode of practice which came dangerously near to abuse. The work of William Hunter, who published his "Anatomy of the Gravid Ute-