

drug is given properly the patient will soon begin to add voluntary efforts when she finds they are less painful than before,—by giving properly I mean it should never be pushed to the surgical degree, except during operation or when the head is crowding; its use in the latter instance is important, as it enables the accoucheur to control the advance of the presenting part, deliver it in the interval of a pain, and thus diminish the danger of laceration of the external structures.

In regard to chloroform favoring post-partum hæmorrhage, I have never seen a case that could properly be attributed to its use. In quite a large experience the only cases of post-partum hæmorrhage I have seen have been the result of long and fruitless efforts on the part of the mother, resulting in a complete fagging out of the uterus and necessitating artificial aid. None have resulted fatally.

When the child is born and the doctor is preparing to cut the cord, he is sometimes interrupted and told he must cut it longer, as the length of the penis at maturity depends on the length the cord is cut. I have never been able to verify or refute this idea, as the oldest male I have ever delivered is only thirteen. Old nurses insist on burning the afterbirth to avoid the occurrence of afterpains. Also to facilitate the passage of the placenta the patient is told to blow into a bottle or her closed hands or to take snuff.

Too early efforts to deliver the placenta are objectionable; and the practice of Credé's method of expression at the expiration of fifteen minutes does great harm, frequently resulting in retention of a part of the membrane and in cupping of the uterus. It is natural that the uterus should rest after its long labor, and the placenta will be extruded ordinarily when this has taken place.

There is an obstetrical superstition the observance of which has cost numberless lives and desolated many homes, viz., the fancied superiority of the old quilt or "comforter" as an absorbent of liquor amnii, blood, urine, etc. The older and dirtier it is, and the more often it has served in a similar capacity, the more highly it is prized. It is the duty of all physicians to aid in its complete abolition; the means of so doing are within reach of all, the only materials necessary for an aseptic pad being a yard or so of cotton to make a bag, and bran or sawdust with which to fill it. A little absorbent cotton or oakum should supplant the so-called clean rags used to catch the lochial discharge.

Puerperal fever is generally regarded as an unavoidable disease, but if the falsity of any theory has ever been proved it has been this.

Another pernicious superstition is that as soon as the baby is dressed it needs something in the

way of nourishment,—usually fat bacon, a sugar teat, whiskey and water, or some variety of tea. The sooner such ideas are done away with, the better. The infant should not be given anything, but after a while put to the breast, and then wait for the secretion of the mother's milk, which will take place before it succumbs to starvation.

There are many other superstitions relating to the child: For instance, it is considered highly improper to take it down stairs before taking it up: Its nails are to be bitten off, for if they are cut the child will be a thief, etc., *ad nauseam*. The mother must stay in bed for nine days and eat nothing but toast and tea,—she was formerly starved, but now she is allowed to eat anything she chooses in reason and is kept in bed (if she has had a hard labor) for from two to three weeks. Those of her sisters who get up very early, age much quicker, as witness the North American Indians.—DR. T. S. BULLOCK, in *Am. Prac. and News*.

THE WALCHER POSITION DURING PARTURITION.

What are the indications for the use of the Walcher position, and what its objections?

1. Cases of protracted labor in which the dimensions of the pelvis are normal or the antero-posterior diameter is somewhat shortened, the head being above the brim. The patient being placed in the position of extreme extension for an hour or more the pelvic joints may become so relaxed, or the antero-posterior diameter lengthened by the necessary half-inch, that the head will engage and labor be terminated normally or with forceps; the high forceps, version, or symphysiotomy being avoided.

2. Cases in which version, either cephalic or podalic, has been performed, or footling or breech cases. The flat pelvis, the generally contracted pelvis, transverse positions, occipito-posterior positions, are in this category. The cases which were quoted show that in some instances labor will be terminated naturally, and that in others the forceps must be used as an adjuvant.

3. Cases in which some form of operative procedure has already been adopted without success.

It has thus far been used after high-forceps operations, version, symphysiotomy, craniotomy, and low forceps, and it will probably be shown to have a yet more extensive field.

The length of time during which this position may be used to advantage depends upon the effect which it produces upon the patient. It has been shown by those who have used it that it may be discontinued and re-employed without disadvan-