

the present time have developed insidiously and largely in consequence of the resources which have come to us in the evolution of medical science. If we sin, it is against the clearest light. If we trace the history of Obstetrics during the last century and a half, and consult the old and many of the new masters on the subject, we find their opinions are almost unanimous on the limitations and conditions under which the practitioner should resort to his most powerful remedy. There have been from the beginning fluctuations and fashions in practice, but none in theory.

*First Period.*—In addressing a meeting of English speaking obstetricians one cannot illustrate the theory and practice of the first period to which I refer without quoting Smellie.\* In Smellie's time, the men who practised obstetrics were no longer helpless in dealing with the most frequently occurring cases of difficulty, namely, in tedious labour from inertia, or from disproportion between the foetal head and the maternal passages. In reading Smellie's collection "of laborious cases when the head of the child is low in the pelvis and delivered with forceps," no one could fail to be impressed with the caution exercised in the use of the forceps in obviously suitable cases. Take, for example, the first case, in which he makes his visit, gives his instructions for the night, and then proceeds: "When I called in the morning, I found the child's head advanced lower in the pelvis." He gives in detail his reasons for expecting further progress. He says, "Being called in the evening, and understanding that the pains were still weak and the gossips uneasy, I examined in time of a pain, and found the head was lower." He then describes in minute detail how he applied the forceps and extracted the first child in a twin pregnancy, and concludes: "I used the forceps in this case as a pair of artificial hands to assist the delivery, because the pains were too weak to expel the child." This case very well illustrates Smellie's practice, particularly the patient waiting for the natural efforts of delivery before interference. In another case he says, "The patient, though much recruited, being still weak and the pains languid, I directed the midwife to proceed in supporting her with the broth, and prescribed a cordial mixture without any opiate, to amuse the woman and her friends." In another case he was called to a patient who had been in labour for three days under the care of a midwife. "As soon as I was disengaged," he says, "I accompanied my pupil to the place where I found this loquacious midwife extremely ignorant, without the least tincture of knowledge in her possession. When called to the patient, whose pains were just beginning in this her first labour, she had

\* Collection of Cases and Observations in Midwifery. 3 vols. London. 1764.