

and peril, nor say anything to dim the halo of glory which crowns the host of brilliant and self-denying workers, whose names are found in this field of labor. We fully recognize the fact that nature may be assisted by art in the physiological act of parturition, and that, even in normal cases, a judicious use of known means, may, sometimes, be resorted to with advantage for the relief of pain and shortening the duration of labor. Having admitted this much, we may very properly be asked, whether there be, after all, such a thing as "meddlesome midwifery." No doubt of it. It is of two kinds, and may be classed as scientific and unscientific. The representative of the latter class, fully conscious of his lack of skill, but desirous of earning his fee and making a show, at once removes his boots, and takes up a position on the bed or couch, where he holds the fort until the agony is over. With each pain his digit finds its way into the vagina, now correcting this, and again that, and with groans and grimaces tugs away, until at last by his herculean efforts delivery is accomplished. But his work is not yet completed. "The after-birth is grown fast to the side and must be removed." A few pulls at the cord, or a rude introduction of the hand, and this is accomplished. Nothing now remains but to pompously claim credit for conducting "a bad case" to a successful and happy issue, and to retire covered with glory. This is no overdrawn picture, but a true representation of what is enacted in many cases every day, even in Canada, where the profession is fully up to the average, both as regards character and skill. Were this serio-comic performance a mere sham, devoid of positive harm to the patient, however degrading to the performer, it might be dismissed in few words. But such is not the case. Constant manipulation of the soft parts causes a dryness, and irritation painful to endure, to say nothing of the increased danger of introducing septic matter. Nor is this all. One of the tricks of these meddlers is the introduction of the finger within the os, at each pain, for the purpose of dilatation. The cervix is probably more frequently lacerated from this cause than the passage of the child. Such meddlesomeness is harmful, exceedingly indelicate, and in all respects most reprehensible.

In considering the question of undue interference on the part of the scienced and skilled obstetricians, anæsthetics and the forceps naturally

suggest themselves first. The administration of chloroform and ether has been quite fashionable for a long time, especially in American cities, not in operations merely, but to allay the ordinary pain of labor. When we consider the continued depressing effects of these drugs, given in so simple a case as the extraction of a tooth, it surely cannot be regarded as a light thing to bring the parturient woman under their influence, not merely for a few minutes, but for hours together, it may be. The exhaustion caused by ordinary labor is soon recovered from, but not so the depression induced by chloroform or ether, which sometimes continues for days, marked principally by impairment of the digestive organs. The state of general muscular relaxation induced by anæsthetics predisposes to hæmorrhage, which is another strong objection to their uncalled-for use. Some authorities to the contrary, there can be no doubt that anæsthetics prolong labor. It would be easy to give both reasons and illustrations in support of that statement. It has often been said, that the forceps, as a rule, are not used early enough. This is no doubt true, but it is also true, that they are used too early, and when uncalled for, which, perhaps, is a still greater evil. Much depends, too, on whose hands hold them, for however learned we may all be, we are not all skilled workmen, capable of handling deftly any tool placed in our hands.

The use of antiseptics in ordinary cases, and under ordinary circumstances, is, to say the least, uncalled for. Both vaginal and intra-uterine injections are useful in their place and ought not to be omitted when required. It does not by any means follow that every parturient woman must be antiseptically treated. The post-partum conditions being natural, or physiological, any interference is more likely to interrupt than accelerate the restorative process. Of course, when there is reason to fear danger, owing to the severity of the labor, the use of instruments or exposure to contagion, it would be fanaticism to decline the use of antiseptic injections. But no prophylactic treatment can ever supersede general good management, cleanliness being always accorded the first place. Antiseptics may come and go, and all kinds of new-fangled theories and practices, but that obstetrician who has most faith in Nature, and who makes patience, discrimination, cleanliness and moderate conservatism his guiding star, will be able to show a record second to none.