

diately preceding the introduction of the obstetric forceps. We may divide the century and a half from the introduction of the forceps to the present time roughly speaking into three periods : First, from the introduction of the forceps to the discovery of anæsthetics, about a century ; second, from the discovery of anæsthetics to the introduction of antiseptics, a quarter of a century ; third, from the general introduction of antiseptics in midwifery practice to the present time, very nearly a quarter of a century.

Now, if we consider our present position, we have much to congratulate ourselves upon, and yet we may fairly ask if there is not much room for improvement in the use which we make of our resources. Is not one of the most remarkable things in the history of medical science, during the last quarter of a century, the extraordinary development of gynæcology in its surgical aspect? Gynæcology flourished and has become largely surgical ; so largely surgical that Sir W. J. Priestly, my predecessor of two years ago in the position which I occupy to-day, addressed to the Obstetrical Section a warning and a remonstrance on the too free application of surgical methods to gynæcology. Midwifery has, during the same period, become also largely surgical—too surgical—and a thesis which I shall endeavour to maintain to-day is that gynæcology has become so largely surgical as the direct result of surgical interference in midwifery practice ; the accoucheurs are the providers of material for the gynæcologists. I fully appreciate the admirable work done during that time by gynæcological surgeons in dealing with the new growths of the sexual organs, and I do not decry it, but for the material of his ordinary daily labour the gynæcologist has to look to the accoucheur. Last year Dr. Cullingworth did a good service to the medical profession by addressing the Obstetrical Society of London, on the subject of the undiminished childbed mortality in England in spite of our advantages and improved methods of practice. But in addition to the avoidable childbed mortality, there is the very serious question of childbed morbidity, which I maintain and repeat is largely owing to the prevalence of surgical methods in the practice of midwifery. The term “ surgical ” is employed here with almost exclusive reference to the use of midwifery forceps. It was said by Baudelocque that the midwifery forceps was the most useful surgical instrument ever invented, and with that strong and unqualified opinion we are all more or less in agreement. But like all our powerful remedies, the forceps must be used with circumspection, else disastrous consequences must ensue.

Now the avoidable evils which I maintain are so prevalent at