treatment in labour, than to fill pages with records of exceptional cases which it is unlikely we shall be called upon to treat.

I am sorry not to agree with Dr. Harrison, with reference to the use of the forceps. My practice shows that as a younger man I used the forceps far oftener than I do now. The mistake made by the young men in the present day is a too free use of instruments. They forget the first axiom in obstetric practice, viz., that labour is a natural process, and that in the vast majority of cases that same old dame is quite equal to the work. The gradual dilatation of the parts and the gradual alteration of the shape of the head is best performed by nature, and with less violence and less danger than by artificial means. One is not warranted in the use of the latter unless in a case of urgent necessity, such as malformation of pelvis, malformation of the head or misplacement, or as long as the head advances at all, and the woman is not exhausted and no untoward symptoms appear beyond a somewhat protracted labour. I look upon the forceps, however, in many cases as superseding the necessity for craniotomy. I trust to chloroform and patience if there be any fair chance of natural delivery.

As to rupture of the perinæum, I quite agree with the speaker, in the fact that it is generally unforeseen and unavoidable. Five cases have occurred in my own practice, one being a forceps case. They all recovered without any great trouble. They occur even when one is exercising all the preventative measures at one's command. Mine all happened when the woman was in the left side position, and none when upon the back. This fact may be worth noting.

As far as craniotomy is concerned, the necessity of saving the life of a mother of a family in preference to that of a child seems to me to admit of no argument, except with theological cranks. I certainly think Cæsarean section gives the mother a poor chance. I proposed it once with regard to a woman who had just died of convulsions, but was not allowed by the husband; and it was once proposed to me in consultation with a young doctor, when one hand and the cord was presenting, but, as you may imagine, I preferred turning, and did so. The worst of craniotomy is that it is a very easy operation, and a safe one, and this may be a temptation to some to perform it without such dire necessity as to justify the act.

I have never found much trouble about the placenta. I generally, after giving the child to the nurse, if there be no pulsation in the cord, remove it at once; but if not loose after about half an hour, I insert my fingers, if necessary, behind it, and take it away by as gentle means as possible, but it must come.

If flooding should ensue after birth of the child, I immediately apply cold water externally, and after dipping my hand into cold water insert it into the uterus, extract the placenta if there, and allow the uterus to expel the hand, which it nearly always does. The worst case was one of quasi hour-glass contraction. Of placenta prævia I am glad to say I have had less than half a dozen cases. I am fond of administering chloroform, or rather the mixture A.C.E., during the last ten minutes or so of labour, but not pushed to its full extent. Except in rare cases it does not check the pains, and it certainly saves exhaustion. I never found it cause after hæmorrhage unless given to excess.

I have seen four cases of puerperal convulsions in consultation, all of which died, and I have myself had five cases, three of which lived. I have much reliance upon subcutaneous injections of morphia and pilocarpine, care being taken not to choke the patient, as I nearly did in my last case, from too large a dose of pilocarpine, causing such an accumulation of mucus, that the patient, in a comatose state, could not readily eject it. I am not afraid of giving ergot with feeble contractions exhausting the patient, provided the head presents and there is room for it; but I only give it in exceptional cases. I think it is used far too carelessly. A dose of hot sling will often improve the pains quite as well with less harm ensuing.

After the birth I never sit by the patient grasping the uterus as some advise. Unless the patient has a large flabby abdomen, I prefer not disturbing the woman to adjust a bandage for an hour or two. I am particular in insisting upon plenty of nourishment after confinement, for I am sure this is often neglected.

Out of two thousand I never lost a case during or directly after labour, nor from hæmorrhage, and can remember but six deaths from bad nurs-