

In the physiological process which obtains in the great majority of cases, neither squeezing from above nor pulling from below is necessary nor advisable.

The artificial "*vis a tergo*" is equally dangerous with artificial "*vis a fronte*," and as likely to produce hæmorrhage.

During the latter ten years of my obstetric practice I have fully confirmed the views enunciated by experience.

I know beyond a doubt, in my own mind, that non-interference is incomparably more safe than expression.

The contrast between the two modes of practice is so great, and the physiological is so exempt from this serious complication, that I am pleased to have this opportunity of recording my experience for the benefit of those commencing obstetric practice, for I am well aware that a brilliant array of authorities can be quoted in opposition.

When the uterine contractions are well developed and continued for a length of time without expulsion, then there is undue adhesion, then the conditions are not physiological but pathological, and something is required to aid the normal power in removing an unusual obstacle.

In these cases the Dublin-Credé method is a most valuable aid, and will, in almost all cases, succeed in removing the placenta: and this is done by the combined natural and artificial forces. There is perfect safety from flooding, because the natural power is abundantly developed to close the bleeding-points, even if coagulation has not already taken place.

The conclusion, then, is, that in these cases expression is highly advantageous and perfectly safe.

Barnes, in his "Obstetric Operations," calls this physiological process "the exploded idea of letting it alone," although he admits there is sometimes nothing to do. Sometimes should read "rarely anything to do." There is no just cause for organized interference in this last stage. Such is not the case in the two former stages. There is rarely anything to do.

There is no just cause for interference in this last stage.

Lusk, Mundé, Garrigues, and other writers teach and commend the Credé method, but do

not point out definitely when it should be applied, nor limit its application to cases in which a pathological condition exists. Credé himself has so modified it as to allow considerable time to elapse before it is applied.

This modification robs the method of much of its danger.

Dorhn, a German writer, advises waiting fifteen minutes before resorting to expression. So far as it goes, this is right; but this is not a matter to be determined by minutes, but by conditions; and these conditions are efficient uterine pains, and then this aid is not required. Why offer support where none is required?

At a late meeting of German physicians, the Credé method was discussed and sharply criticised by many, and its use greatly restricted by applying it only to certain cases, and not as a routine method.

We may be proud to be the priests of Nature, but let us not usurp her functions.—*Annals of Gynecology*.

TWO CASES OF CEREBRAL HÆMORRHAGE IN CHILDREN.

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CASE 1.—J. B., aged 13, was admitted into the Radcliffe Infirmary, Oxford, on March 13th, 1889, with symptoms of heart disease, dyspnoea, swelling of the feet, and pain over the cardiac region, which had come on about a month previously. Had never had rheumatism, but had had symptoms of heart trouble at various intervals for many years past. On examination the heart was found to be considerably enlarged, and a loud double murmur at the apex was discovered. During his stay in the hospital his temperature varied between normal and 101.4° ; occasionally falling and keeping to nearly normal for two or three days, and then shooting up and oscillating for a period. As no other cause could be found to explain the temperature, it was regarded as a case of ulcerative endocarditis. About six weeks after admission he was suddenly seized during the night with a fit of a convulsive nature; the attack lasted a few minutes, at the end of which time he became quiet and drowsy. An hour later another convulsive attack came on, and he rapidly passed into a condition of