the mother as each pain brings the vertex nearer the orifice. As the head appears she pinches the edges with her thumb and forefinger, and thus prevents a rupture.

In the meantime, the patient can have a clean sheet, and a blanket if required, thrown over her, and not till the end need she be uncovered. and even then the covering need only be lifted over the hips.

Clean napkins can be constantly placed under the buttocks and removed when they get soiled, while large swabs as "dabs," soaking in a hot solution of perchloride of mercury, placed from time to time over the perineum and vulva not only give great relief to the patient and stimulate the pains, but are very useful in sparing the napkins and keeping the patient clean and comfortable.

In cases of inertia, massage over the abdomen or a hot injection, either per vaginam or rectum, are most useful, preferably the latter, especially in district nursing, where the absolute asepsis of the douche might be doubtful.

With regard to a douche after delivery, many British obstetric physicians do not give it now, whereas abroad the custom is to do so invariably.

The Continental and American Method.

I had naturally heard a good deal about the method of placing the patient on her back, and I was always ready to believe that it must have its advantages and was quite ready to be open to conviction. At the same time, I had made up my mind I could never like the indelicate position it necessitated. At last I had the opportunity of studying this method when I was in France, and the reality was not only worse than the anticipation, but I really could see no advantages—quite the reverse, I was struck by the disadvantages.

The bed is made in the ordinary way, *i.e.*, with mackintosh and drawsheet, and the lower part of the bed has another drawsheet and mackintosh.

The patient is placed on her back, her nightdress is tucked up under the armpits—so that the abdomen is quite uncovered — an accordion-pleated sheet is placed under her buttocks to raise them, and as each fold gets soiled it is drawn down. She is allowed a pulley from either side of the head of the bed, *i.e.*, one in each hand, and every vestige of covering is thrown off her, the reason being asepsis. The strictest, the very strictest rules of asepsis are followed out, the basins are saturated with methylated spirits and lighted up, and so is the douche can and bed-pan.

When the infant is born, a pair of artery forceps clip the cord, and aseptic scissors cut it a couple of inches from the umbilicus, but no precaution is taken to prevent hæmorrhage from the placenta, for they hold that the small quantity which comes away from it after the cord has ceased pulsating is of no consequence. After twenty minutes the placenta is delivered and is called the *délivrance*, which is more comprehensive than the Latin term we use.

The baby is treated pretty much as it is in Great Britain, except that until the cord separates they prefer simply sponging the child on the lap, instead of dipping it in the water, but I cannot say that I found the cord separate any sooner than when it is bathed daily and the cord thoroughly dried and powdered. The cord is tied either with silk or horsehair sutures. The eyes are at once swabbed with boracic lotion, and before the baby is washed and dressed an eye-drop is used for dropping one drop in each eye of a weak solution of nitrate of silver.

Now, with regard to the position on the back, apart from the exposure it involves. I can see no advantages whatever, unless it be in forcep cases, when I have known British physicians in some cases have patients placed on their backs. The immense help which can be given to the mother while on her side by placing one hand over the abdomen and the other either over the lumbar region or on the perineum is quite taken away, and all the comforting support withdrawn. Every delivery I saw in France was accompanied by a tear of the perineum (they were all primiparæ) and was a long and painful one.

One morning as the physician was long in coming and I thought the child would be born before he came, I put the patient on her side with the view of showing the pupils the English method. To my astonishment the patient said: "Oh! que je me sens mieux ainsi!" Unfortunately, the doctor came in at that moment. I apologised saying that as I thought I should have to deliver the patient, I had placed her in the position I knew best. He was not only very much interested in the "position anglaise," but doubled up with laughter when I hinted that she was covered to the end. He, however, saw no advantage in this and soon had the poor woman on her back and stripped of all covering.

Abdominal massage and hot vaginal douches are given in cases of inertia. In cases of surgical or abnormal deliveries, French obstetric physicians excel.

The Eastern Way.

This is one of the points I was able to write most strongly about in my book for Eastern

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