hands were placed one over the others' supporting the perineum, it tore from one end to the other."

The popular idea, still prevalent to-day, that elderly primaparæ have long labours, she esteemed of little value. Her experience showed that, other things being equal, age did not affect the labour. She taught that the attitude of the fœtus was not necessarily a cause of accidents, the obstacles which cause delay in a face or breech presenting, would operate, though, perhaps, to a less degree in a vertex presentation. She held that face labours, especially in multiparæ, were often as speedily terminated as vertex.

In an account of a long and tiresome face labour it is related that the mother, sceptical when assured that the baby's face could be seen, discouraged and worn out by her apparently fruitless exertions, was allowed to touch the face, and so to assure herself of its presence. This done, she used her pains with new energy, and, though the lips had ceased moving for half-an-hour, the baby was born alive, though far from beautiful.

Her advice as to giving exact date of delivery is good to-day. She would add the saving clause of "within a fortnight" in every case. She counsels, too, discreet silence as to the diagnosis of the sex of the child in breech presentations. She disapproved of forceps for the after-coming head, relying on jaw and shoulder traction in cases of difficulty. As appears from the table, knee presentations are of all the most rare. None of the cases gave rise to any difficulty after the foot was brought down. In shoulder presentations the infantile mortality appears higher than in breech. This is accounted for by the fact that many transverse presentations were sent in to hospital, after ineffectual attempts to deliver outside, resulting in the death of the children.

It was common practice to bleed patients to the extent of ten ounces, to hasten on labour; these were days when venesection was cure for all ills. A far wiser proceeding was the use of the sitz bath, though its prolongation for hours seems to us of doubtful value. Wine, "sirop d'œillet," and infusion of lime leaves were used as restoratives!

The accounts of cases are full of interest, interest which is sometimes, however, melancholy, for with our present knowledge of midwifery many terrible accidents might have been averted, many lives saved. At that time nearly every obstetric operation was followed by sepsis, and the mortality in the major operations was truly terrible. Little wonder that, writing of Cæsarian section, Madame speaks of it as "so cruel, so often fatal." In the four cases in her experience the mother died. The choice in those days lay between Cæsarian section, symphysiotomy, or craniotomy. Labour was seldom induced, in fact, Madame la Chapelle owns to never having seen an induction, and writes of it timidly, as disastrous to the infant. The Roman Catholic religion teaches that the life of the unborn child is of equal or more value than that of the mother. It is, too, a custom to baptise the child "in utero" if the mother's life is in danger. One such instance is recorded in the Memoirs. It was an arm presentation. Vain efforts had been made outside to replace the arm; the patient was admitted to Hospital with the uterus tensely contracted. Madame la Chapelle extracted the child by turning, but it was dead. Her first case of uterine rupture was extraordinary in that the fœtus was dead and macerated; the patient, who collapsed during labour, was put into a warm bath! afterwards on vaginal examination, the elongated head, which had been seen on separating the labiæ, had disappeared.

In two cases the placenta was in the vagina before delivery, the one being a placenta prævia, the other a version where long vain attempts had been made to seize a leg. Among the extra uterine pregnancies, the most remarkable is that in which the placenta was normally situated in the uterus, the cord passed up the Fallopian tube, which was distended by a large fœtus.

Madame la Chapelle never had a case of ruptured bladder, but a vesico-uterine fistula occurred in one instance.

In the 37,895 deliveries there were only five cases of triplets, and 395 cases of twins; 19,474 boys were born, 18,421 girls. The statistics are given of the weights of 7,002 full-term infants:

5 lb.	1,445
6 lb.	2,996
7 lb.	1,981
8 lb.	477
9 lb. to 9¾ lb.	90
10 lb.	13
	7,002

Madame la Chapelle remarks quaintly, "The children, the smallest of whom weighed 12 lbs., and the largest up to 25, have not been seen since the time of Roederer." He, it is to be supposed, did not use scales.

Some of the treatment of "asphyxia livida" sounds somewhat strange; a few ounces of blood were allowed to run from the cord; the spine, hands, and feet were rubbed vigorously; the child was put into a warm bath with vinegar in it; fomentations of red wine were applied. The dramatic force of the French language is very evident in the description of a breech delivery, "*Les bras et la tête ont éte extraits en un clin d'œil*," and again, an axphyxiated baby is described as "*rappelé au jour*," after restorative measures lasting three quarters of an hour.

The wonderful vitality of some babies, and the ready collapse of others, struck Madame la Chapelle as it has many other observers. "A very little thing kills some children, others stand the most violent handling."

It is impossible in a short paper to do justice to so vast a subject as the practice of Madame la Chapelle; two thoughts are uppermost as one reviews it, admiration for her work, and astonishment at the rapid revolution antiseptic surgery and scientific research have brought about in midwifery.

M.O.H.

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