

ends, and about 12 in. long altogether. This simple instrument was planned for leverage only; its object was to free the occiput, an important point sometimes, and in a single blade of our modern forceps we possess a vectis more effectual than that of the Dutchman's or any after his. The next and more important advance was made by one Dr. Paul Chamberlen, which we may roughly call a double vectis; to judge from plates, descriptions, and results attributed to it, we might consider it a crude and clumsy sort of short forceps, more calculated to shine in cases of imaginary than real dangers, for all of us acquainted with practical Midwifery know it would utterly fail us in direst straits. It was made entirely of metal, and the handles were bowed not unlike those of scissors. The principle of Chamberlen's instrument was traction simply, as the former was leverage simply; it remained for modern Midwifery science to combine the factors in the effective instrument of to-day. The new invention was kept a profound and profitable secret by the inventor and his two sons, Peter and Hugh Chamberlen, used with the utmost mystery, and sold to the highest bidder, like land at an auction, and it was not until the early part of the eighteenth century that the secret began to leak out, somewhere about the year 1716. From that time until now the forceps was altered, modified, and improved in every portion of what we may call their component parts—locks, handles, and blades—the more noticeable changes being in the direction of the two first mentioned, and the Obstetric inventors gave hostages to fame by calling the offspring of their brains after themselves, and truly their name was legion. Still the basic idea was that of Paul Chamberlen—something to pull at. There is a point about this introduction of mechanics into Midwifery that has often occurred to me, and one that in modern times is apt to be overlooked, if not ignored, but to my mind of much interest. Up to the time of the invention of forceps, the Midwife and the man-Midwife worked upon much the same footing, and with a natural bias I incline to the opinion we had rather the best of it. Be this as it may, they both depended upon that superb piece of mechanism—the human hand—guided by the human brain, to help them out of all their Obstetric troubles and adversities, and in my opinion surgical Midwifery is the highest development of the art. For this reason it stands us in good stead when mechanical aids fail, for everyone acquainted with Midwifery practice on

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a large scale knows it is possible for the hand to do much of the work of forceps, but it is not possible for forceps to do the work of the hand, and that the crowning operation of Midwifery—skilful version—aided by other manual manoeuvres, frees us from some of the gravest complications of labour where mechanical contrivances would be quite unavailing.

My Nursing hearers may naturally ask, What has all this to do with the Monthly Nurse? I must apologise for the digression on the ground that it has *everything* to do with her, for without the great innovations we have just touched upon, her services might possibly have been dispensed with, for in them we shall find the very *raison d'être* of her existence and origin, as I am about to show you. We can readily understand that the new order of things had to be met by fresh arrangements. In the earlier days the Midwife did all her work, attended to both patients; the man Midwife only did half his work. The Midwife had been ousted; what had become of the Nurse? She had gone with her; and who was to look after the baby? Hence someone had to be found to complete the work; and it is primarily to our little friend that the "Monthly" owes her existence, and I am disposed to think he did not altogether benefit by the changes, being for the most part treated with lordly disdain by the man Midwife, who left him to the tender mercies of the woman. There is one exception to this medical apathy that occurs to me, for more than a hundred years ago the great Dr. John Hunter promulgated his famous dicta on the newly-born—"Plenty of milk, plenty of flannel, plenty of sleep," and I am very much of opinion it will take a great many hundred years to improve upon that famous triad. The first thought under the new circumstances that would naturally occur to a mother was that the best person to look after her baby was a woman who had one herself, and as elderly folks were generally preferred in those days, the task was allotted to motherly or grand-motherly hands. For my part I sympathise with this motherly sentiment, and think that "Motherly" Nurse would be a great deal better name, and far nearer the truth than the miserable misnomer under which we have suffered so long. However, as with the Midwife, so with the new Nurse—there was little or no attempt at knowledge or instruction, and we know as a fact that ignorance, prejudice, and neglect resulted in a goodly crop of errors, wrongs, and woes as regards the hapless infant.

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