

As Winifred early showed a love of verse, I have striven to develop this love by leading her to the storehouses of great poets. She has never been compelled to study, but seeks knowledge only when she is hungry for it. Therefore her brain is never taxed, for it is only when interest flags that one is injured in thinking.

This child is such a happy, healthy youngster, who finds so much enjoyment in exploring realms very often hated by children, but which she calls her good giants Matematiko and Geografio, that I yearn to see all children finding the paths to knowledge as veritable playgrounds.

For the sake of our children to whom we owe everything (having brought them into the world without their asking) let me plead with parents not to take the advice of a few professors who believe in allowing children to grow as weeds until the sixth or eighth year. "As the twig bendeth so the tree groweth." One cannot begin too early in training the child's mind, which, like wax, is very impressionable. We should teach our baby beautiful thoughts while he is yet in the cradle. Early impressions are lasting. The old man forgets things which he learned in the strength of his manhood, but when the evening of life creeps upon him he goes back to the thoughts of his youth. Then, how grateful will he be for the storehouse of wealth you have given him.

WINIFRED SACKVILLE STONER, Pittsburgh, Pa.

### The Management of Normal Labor.

*To the Editor:*—I should feel that I had neglected my duty if I failed to comment on an article on this subject in THE JOURNAL, January 27, p. 274. I am sure, in the main, that the treatment as laid down in this article does not coincide with the advice and teachings of those who are giving obstetrics more than a passing thought. Had the author but referred to any modern text-book on obstetrics, he would have discovered that there had been just as great advancement in this line of medicine as in the other branches and that much of the advice given by him belongs to a period antedating antiseptic surgery. I am surprised that this article should appear in THE JOURNAL of the American Medical Association, and more so that the article was given such a prominent position. It does not seem necessary that I should point out the errors, because they are plain to anyone keeping in touch with modern medical literature; and I am sure, had the article been properly edited, it would not have appeared in our valuable journal.

C. E. PADDOCK, Chicago.

*To the Editor:*—The article on normal labor, in a recent issue, was very clear and concise, but in one respect it surprised me extremely.

The subject of rubber gloves was omitted. A description of obstetric work without mention of rubber gloves is rather startling. If the author does not approve of gloves, and has other means of preparing the hands, why does he not mention the fact? Or does he take for granted that we all wear gloves, as a matter of course? Evidently not, as he advises us to rupture the membranes with our finger-nails.

Surely boiling water is always to be had. Therefore there can be no easier and quicker way of eliminating infection than using boiled gloves.

A clear understanding on this subject would surely be valuable to the many who were interested and instructed by the mentioned article.

W. C. GAYLER, Saint Louis.

*To the Editor:*—The general character of THE JOURNAL is so high that it comes to your readers as a shock to find an article in its columns so much behind the times, and so full of errors that it would be a disgrace to a proprietary advertising sheet. Such a shock I experienced in reading the article on "The Management of Normal Labor."

As a guide to the management of labor for the general practitioner it is incomplete, as it omits very important directions and it gives advice quite contrary to all the modern

teaching. Without going into a comprehensive criticism I shall mention only a few things.

Omissions: preparatory enema; satisfactory cleaning of the patient; dressing of patient; external examination of patient; measurement of pelvis; use of gloves.

Objectionable Advice: frequent internal examination; pushing cervix over the head; anointing the perineum and seizing placenta in the vagina; manual removal of placenta in forty-five minutes.

Questionable Advice: use of chloroform instead of ether; interference with cord around neck; delay thirty minutes in cutting cord; routine use of ergot.

The article is not a credit to THE JOURNAL.

C. S. BACON, Chicago.

*To the Editor:*—The parody on obstetric technic published in THE JOURNAL, Jan. 27, was, no doubt, given to show how badly the thing could be done. It seems to me, however, that the mission of THE JOURNAL would be better fulfilled by giving a clean-cut, modern technic which might serve as an example, rather than one which pulls the average practitioner down to the level of the illiterate midwife.

Is it forgotten: 1. That the vulva is shaved and scrubbed with soap and water, as well as with an antiseptic solution? 2. That rubber gloves and not petrolatum are used in the twentieth century?

3. That the Kelly pad is not yet out of date?

4. That continual manipulations during the second stage are not good practice?

5. That petrolatum on the perineum is about as useful as a snowball in—Panama?

6. That the cut cord should immediately be protected from infection?

7. That the cord should not be pulled on when delivering the placenta?

8. That a prophylactic for ophthalmia neonatorum should be used?

9. That an abdominal binder is needed by the mother? [Our correspondent has overlooked the fact that this is mentioned in the article. Please do not make the article out to be any worse than it is.—Ed.]

If I am wrong in believing asepsis to be the sine qua non of obstetric practice, and that the technic given in THE JOURNAL is as poor a specimen as could well be devised by a modern medical journal, then the sooner I know it the better.

ARCHIBALD E. CHACE, M. D., New York.

*To the Editor:*—There appeared an article in THE JOURNAL describing the conduct of a case of normal labor, which advocated certain procedures to be practiced by the attending physician. Some of them, if the conduct of a case of labor is to be regarded as a surgical procedure, which it most certainly is, are deserving of severe criticism. After sterilization of the hands the following is advocated on part of the physician: "Having lubricated the index and middle-fingers of his right hand with some sterile lubricant, such as petrolatum, the physician inserts these fingers into the vagina and examines the cervix uteri to determine whether it is dilated, whether the pains affect the muscular fibers of the cervix, what part of the child is presenting, if the head is presenting, to determine if possible the position in which it lies, and whether any part of the placenta is attached to the lower segment of the uterus. Incidentally he learns also the condition of the perineum, whether it is rigid, dilatable or relaxed; of the vagina, whether it is moist or dry; of the pelvic walls, whether they are broad or narrow."

Why anybody should advocate the smearing of the examining finger, or fingers, with a mess of petrolatum, which is rendered sterile only with great difficulty and is kept so with even more trouble, is beyond comprehension. It is certainly a reversion to antiquated methods of technic. Surely the fingers of a hand covered with a sterile glove can be readily made insertible by the application of sterile green-