"meddlesome midwifery is bad." The phrase is almost fossilised already; in another generation it will be unheard of. I think the majority of modern practitioners agree in holding that "dame Nature," unaided, would not infrequently play the part which she did in Princess Charlotte's case.

But I sympathise with the plaintive "plea for the perineum" put forward on February 16th by "A Practitioner of the Old School,"—to what extent he may ascertain if he will do me the favour of referring to a paper "On the Straight-bodied Position in Labour," printed in this JOURNAL on December 2nd, 1882, or the paper on the same subject which I read at the Association's meeting in 1883 (*Medical Press and Circular*, August 22nd, 1883). By bringing the patient's body and lower limbs into line, from the usual sigmoid position, and carrying the forceps handles well forward towards the abdomen, delivery can be effected without rupture or without tear, beyond ordinary, of the perineum, and without "support."

Of course we all concur with the old practitioner who to-day (March 2nd) protests against the "reckless" and "indiscriminate" use of the forceps, just as men protested against the indiscriminate use of mercury, and the deluging patients with stimulants of bygone times, or against any other "reckless" act. But men think well over the use of the instrument nowadays, and few, I am convinced, merit the charge against them. Many would rightly regard the rule suggested of "never, except in very urgent cases, applying the forceps without the concurrence and assistance of a brother practitioner," as simply a mark of ridiculous incompetence.

A. N. T. writes: I think the rules for applying forceps, both in regard to the cases requiring their use, and the mode of application, are sufficiently definitely laid down in all the good textbooks; but in midwifery, as in surgery, the operator must be guided by his judgment and conscience. All men are not equally gifted as to judgment, and some consciences are more elastic than others; moreover, all men do not possess equal mechanical skill, but I am sure that if each man exercised his judgment, and consulted his conscience and not his convenience, he would, with very ordinary skill, escape such a deplorable accident as rupturing the perineum by the use of his forceps. Every practitioner of experience knows that perineums will sometimes give way, but I am satisfied from my own observations, extending over nearly thirty years, that those perineums which have ruptured when forceps were carefully and properly used, would have given way just the same had the cases been left to Nature. I consider that a man who, to save his own time, mercilessly drags a child's head through a rigid vulva, and by so doing ruptures the mother's perineum, is unworthy of the confidence of the public and the profession; and almost equally so the man who neglects to apply the forceps when the interests of either mother or child demand their use.

DR. C. R. ILLINGWORTH (Accrington) writes: The complaint of "A Practitioner of the Old School" deserves the serious attention, I think, of every member of the profession. I deny that "meddlesome midwifery is bad," but I am of opinion that some men are reckless in the use of instruments, and too well pleased with the triumphs they achieve, to care for putting into practice the excellent method described in your columns some months ago for the prevention of ruptured perineum.

I do not remember the date of the letter, but the method described consisted simply in the prevention of the extension of the head at the close of the second stage of labour. For the efficacy of the plan I can vouch, and that in every case. During the last fortnight I had two cases of instrumental labour in primiparæ, where rupture would have been inevitable from the tightness of the perineal structures and dolichocephalic head, but in which not the slightest tearing resulted. In the first of these labour-pains had been extremely severe and constant for twenty-one hours. I applied the long forceps and drew the head down to the ostium vaginæ, under chloroform, and with great difficulty. I then removed the instruments, allowed the patient to rally from the chloroform, and then gave a full dose of acetic ergot. In half an hour the uterine contractions completed delivery, whilst I carefully "wormed" the head through the outlet by keeping the cervico-bregmatic diameter parallel to its plane. Yesterday I had a similar case, in which, after bringing the head to the ostium vaginæ by the long forceps, I completed delivery with the short ones, and was glad to find the necessary manipulations of the head in no way hindered by the blades of the instruments. Grasping the handles firmly with one hand, whilst the limbs were attended to by an assistant or nurse, I pulled the occiput backwards with the first two fingers of the other, and pushed up the frontal portion with the thumb. In this way rotation of the head about a transverse axis passing through the blades, was easily effected, and flexion of it sustained until the danger was past.

Ruptured perineum is so great a danger, and so frequently a cause of lifelong discomfort, that any method which prevents the occurrence of it should be taught and practised.

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