

excess of liquor amnii, which either render inefficient or impossible the voluntary efforts on the part of the mother, we should dispose of about all but uterine inertia. It is generally allowed that the means employed to increase the contractions of the uterus are uncertain and unsatisfactory. Only in the careful application and use of the forceps have we a method which is at once manageable, certain, and safe.

In primipara and cases in which there is risk of rupturing the perineum much may be gained by fomenting the parts with a hot sponge and relaxing them in the orthodox manner. If necessary, the forceps may be removed gently when the perineum becomes thin and tense, and the case left to Nature. Few would dispute the advisability of obtaining the assistance of a brother practitioner in any case of difficulty or danger; but in those where the *vis a fronte* is only employed to supplement the deficient *vis a tergo* "the concurrence and assistance of a brother practitioner" appears to me to be as unnecessary as it would be in any ordinary case. In experienced hands, judicious application of the forceps may avoid irreparable injury being done to the soft parts in numerous cases, and may save many patients hours of torture.

MR. W. E. WYLLYS, L.R.C.P., L.R.C.S. Edin. (Great Yarmouth) writes: On reference to my notebook, I find that during the twenty years ending December, 1888, I have delivered 305 women with forceps. The perineum was ruptured in seven instances only, as follows:

1. Primipara, aged 30; lingering labour; became delirious and exhausted after twelve hours' labour; died in five weeks: phlegmasia dolens, etc.
2. Primipara; rigid perineum; forceps applied to endeavour to avert rupture, but unsuccessfully; stitched and healed perfectly.
3. Primipara, aged 38; lingering labour; very large child; rupture slight, did not require stitching.
4. Primipara; rupture very slight; not stitched.
5. Primipara; tedious labour; occipito-posterior presentation; stitched and recovered well.
6. Primipara, aged 39; occipito-posterior presentation; stitched and healed perfectly.
7. Primipara; very small woman, very large child; rupture increased in delivering shoulders; stitched and did well.

I believe the best method of avoiding rupture consists in dilating the perineum by manipulation during the pains, previous to the application of the forceps, and in observing a due regard to the axis of the pelvic outlet by keeping the handles well forward and upward in extracting the head. If, on bringing down the head, the perineum still seems unfit to bear the strain, the forceps should be removed and a little time allowed for further dilatation. As to the proportion of cases in which forceps delivery is advisable, no rule can be laid down. The "Old-fashioned Practitioner" in a healthy country district who believes in the expectant treatment and the old axiom about "meddlesome midwifery," and who has "never lost a case," is no doubt perfectly right, according to his surroundings and experience; but had his lines fallen in less pleasant places, and had he, for instance, to practise among the asthenic population of one of our large manufacturing towns, he would find "a little help worth a deal of pity," and that expectancy, and even his little packet of ergot of rye, were quite ineffectual in helping his suffering patients through their troubles.

#### PROLONGED GESTATION.

MR. THOMAS WILSON, M.R.C.S. Eng., L.R.C.P. Edin. (Wallsend) writes: I was engaged to attend a lady in her third confinement, for December, her sister-in-law expecting to be confined in the same month, because they both ceased menstruating at the same time. The sister-in-law was confined of a full-grown child in December, and my patient in February of the year following.

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