

when you have them locked, the blades, are lying flush with the tissues of the fetal head. Now, when extraction begins, you can regulate the amount of compression as you please, as with the flexible handles you can bring the amount of pressure to bear on the blades which resides in the hand of the operator; by slipping the hand well forward on the handles, you may almost bring the points of the blades together without in any way disturbing the security of the lock; but try the same procedure with any of the ordinary forceps, and you will find that their rigidity makes it impossible to exert an ounce of pressure after the handles have been brought together, without the risk of unlocking them—unless they are tied together, which I consider a most objectionable proceeding. I have never once had the Assalini slip, and do not expect them to do so, except through my own carelessness. Indeed, I may say that a better tool could not be put into the hands of a competent workman; and so highly do I prize them that I should as soon think of applying the ordinary form of forceps as I should of using a red-hot carving knife to amputate a limb.

If you will allow me, I would venture to suggest to future makers of the Assalini forceps (my splendid ones were supplied by Maw, Son, and Thompson) that the handles up to four inches from the lock should be made square instead of round, and much rougher than as made at present; as when the hands are slippery with soap or vaginal mucus, the difficulty of locking is much increased.

One final word: Although I have been in pretty extensive midwifery practice for nearly thirty years, I am pleased to say that I have ruptured only one perineum, and that I was compelled to do, in order to save the life of a young primipara with a fetus much disproportioned to her size, and who had been under the charge of an ignorant midwife for forty-eight hours. The rupture began at the sphincter, and ran forwards.

DR. G. CADOGAN-MASTERMAN (Stourport, Worcestershire) writes: In the JOURNAL of April 6th there is an article, written in editorial form, on Assalini's forceps, in which the instrument is well figured and described, but is said to have four defects: difficulty in locking; unsatisfactory grasp; liability to slip; giving no guide as to force of compression exerted.

1. "The parallelism (of the blades) must be nearly, if not quite, mathematical for Assalini's forceps to be locked." This is somewhat of an exaggeration, even when applied to the most carefully finished pair procurable; in mine, with a bolt as firm and true as when it was first welded in, there is allowed a lateral deviation of 10°, which could be easily doubled by slightly bevelling the surface of the bolt. But is this really a defect? The man who never attempts to lock until the blades are accurately placed is surely the one who can be best trusted to use them, and the least likely to do any mischief in their use. And accurate placing greatly depends upon facility in introduction; and Assalini's having a blade with a simple, straight shank are most easy to pass in any position; there is no need for bringing the patient over the edge of the bed, there is no crossing of shanks and handles, nor obligation to remember that the upper of these belongs to the lower blade, and to bring the right lips of the lock in front; and no necessity for tying them when locked; they cannot be accidentally detached. Above the brim there is generally nothing more easy in experienced hands than the passing and locking of the ordinary long forceps; but Assalini's are inapplicable there; it is when the fetal head is engaged in the pelvis that they are in place, and their advantages most evident.

2. Grasp: This, with the bare hand, is unsatisfactory, but, by wrapping a folded napkin around the shanks, it is made as good as one can wish for.

3. Liability to slip: The practical answer is that I have used them in at least 100 cases, and when I have been exerting my whole strength in extraction, have never known them to show this serious defect. They appear to me to hold better than any other, because, the grasp being between the lock and the fetal head, the harder one pulls the greater the compression is. In forceps with crossed handles (levers of the first order) compression is limited by the contact of the latter, when the handles are closed, the compression is the sum of the resistance of the shanks and blades, and then, grasping the handles as hard as we may, we cannot add one ounce to it. But with Assalini's this force is limited only by the strength of the operator, and its amount I have shown, estimated in a line passing through the centres of the fenestra, is one-half of that exerted on the shanks; whilst with Simpson's long forceps it is 40.4 per cent., and with Barnes's only 30.8 per cent., of that expended on the handles, the shanks of each being regarded as theoretically rigid.

4. Giving no guide as to force exerted: When the hand (or hands) alone is used, whether one is grasping shanks or handles, the sense of the power employed would be much the same; and when the head-globe is fairly within the blades, what that is matters little. It is only badly-applied—that is, not pushed in deeply enough—forceps which do harm to the fetus.

The advantages of Assalini's are: permitting perfect asepsis. Being wholly of steel, they can be laid in a hot solution of caustic soda after use without injury, and with the certainty that every particle of organic matter will be dissolved off them. Facility in introduction *ut supra*, and special ease in locking, without the possibility of any part of the nymphae being included. Absolute security of lock without tying. Safety; extreme compression of the shanks approximates the centres of the blades, but separates the dangerous points, and, the moment the pressure is relaxed, they open *in situ* under the resiliency of the head. Having no projecting handles, they are carried most easily between the maternal thighs as the head is passing the perineum; at the moment of emergence, the knuckles of the operator's right hand should touch the mother's abdomen, whilst the left is guarding the outlet. And with a little tact in arranging the bedclothes, this can be done with the most perfect delicacy.

ULCERATIVE ENDOCARDITIS.

ERRATUM.—The case mentioned by Dr. Henry McClure (p. 933) was treated with carbolate of iodine, not carbolate of sodium.

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