

the middle of the pelvis it should take from one to two hours to complete delivery; and, when the head is close to, or pressing on the pelvic floor, it should take from twenty to forty minutes. These figures are, of course, only approximate, and apply especially to normal labors in primipara. Sometimes it happens that the parts below the head are so thoroughly dilated or dilatable that delivery may be safely accomplished in a shorter time. Again, in certain conditions, such as eclampsia, etc., the emptying of the uterus may be so important that rapid delivery, even with the risks involved, may be properly considered necessary.

Let us go back to the consideration of details in delivery when the head is in the middle pelvis. An assistant is administering ether. Should the patient be kept under the influence of the anaesthetic for one or two hours? No, I think not. The following outline of directions or suggestions may be found useful as a guide:

After the patient is completely anaesthetized, place her in position on her back or on her side, as you prefer. It is probably easier for the operator and safer for the patient to place her on her back across the bed or on an operating table. The expert operator may, however, choose for himself, and it must be acknowledged that there is much to be said in favor of placing the patient on her side.

Apply the forceps, and use intermittent traction for fifteen or twenty minutes, as follows: Pull for one minute without using undue force; then allow an interval of one to two minutes before pulling again. After continuing the alternate pulling and resting a little progress will probably have been made. Perhaps the head will be pressing on the pelvic floor. If so, the accoucheur will have reason to be well satisfied.

Remove the blades and allow the patient to "come out" of the anaesthesia, and wait for half to one hour. If the uterine contractions become strong enough to complete delivery without further assistance, as they frequently do, the best thing possible will have been accomplished. If further interference is necessary have the patient again anaesthetized, if considered necessary, and re-apply the blades, or, if you like, do as I have frequently done lately, apply the smaller Sawyer (or similar) blades. I supposed at one time that one could drag the head out over the pelvic floor and perinaeal body more safely with the axis traction instrument than with the ordinary short forceps, but I don't think so now.

If some of you who have not formerly made use of this method of procedure, try it in the future and you will probably be surprised to find a great change for the better in the condition of the soft structure has taken place during the interval. They will be found softer, more yielding, more dilatable, and thus delivery is made much more easy, and much more safe for both mother and child. I am pleased to tell you that this