much with the use of the forceps. In no branch of obstetrics have we departed so much from the precepts and practice of our forefathers as in this. The forceps is now used with much greater freedom than it was formerly, and, as experience has abundantly proved, with the best effects. For instance, about thirty years ago, according to Dr. Churchill's statistics the forceps was not used in British practice as often as once in three hundred cases. A reluctance to resort to this instrument was at that time the especial characteristic of the Dublin School. This, no doubt, was greatly due to the precept and example of Dr. Joseph Clarke, who was master of the Rotunda Hospital from 1787 to 1793. According to the first report of that hospital published by him, he used the forceps only once in every seven hundred and twenty-eight cases, and his biographer further states that he only used it "once in the multitude of cases under his care in private." Dr. Collins, who was master of the rotunda from 1826 to 1833, scarcely employed the forceps with greater frequency; for he records but twenty-four forceps cases in a total of 16,414.

In the present day, on the contrary, the Dublin School of Midwifery is pre-eminent for skill and boldness in employing and developing the great capabilities of this most valuable aid to labor. We find, from Dr. George Johnston's report of the Rotunda Hospital for 1869, 1870, and 1871, that, of 3,338 women delivered in the hospital during that period, 227 were assisted by the forceps, being at the rate of 1 in 14·74. This increased use of the forceps is attended, as Dr. Kidd has pointed out, with a diminished maternal mortality, but more especially with a most important saving of infant life, chiefly because the forceps is now employed in Dublin in difficult cases, which would formerly have been delivered by the perforator.

Within the last five years, however, a still more startling innovation has arisen in obstetric practice, viz., the use of the forceps in the first stage of labor. In his report of the Rotunda Hospital for 1872, Dr. George Johnston remarks: "In thirty-five instances, we were obliged to employ the forceps before the os was fully dilated, twenty-seven being primiparæ and eight multiparæ. In thirty of these, the interference was considered necessary, in consequence of the os uteri continuing undilated, apparently the result of the too early rupture of the membranes and the escape of the liquor amnii."

In his report for 187[illegible], Dr. Johnston again gives thirty-six cases in which the forceps was applied before the os uteri was fully dilated, and remarks: "As there may still be many who will be astonished at this apparently bold mode of practice, and mayhap question its justifiability, I beg leave to assure them that, having adopted it for the last two years, during which time we delivered seventy-one such cases, we are more and more convinced every day of its great advantage in saving the lives of both mother and child. He then gives an analysis of the above thirty-six cases, and calculates the amount of expansion of the os uteri in each at the time of the operation, four inches being assumed to be the utmost dilatation of the os uteri, and this diameter of four inches is divided into five parts. "In eleven instances, the forceps was applied when the os was but two-fifths dilated, when, in fact we were obliged to expand it with our fingers before we could pass the blades, and in every instance both mother and child were saved, with one exception, a case of convulsions, which was brought in comatose. In twenty-two instances, where the os was three-fifths dilated, all the mothers recovered but one, and all the children but two, which were cases of prolapsed funis. In three instances where the os was four-fifths dilated, the mothers recovered and children lived. The position of the head with regard to the pelvis, at the time when the forceps was employed:—In two cases, the head was above the brim; in fourteen in the brim, and in twenty it was in the cavity. Result: All the mothers recovered but two, one of which, a primipara, who was very delicate and anæmic on admission, died of peritonitis, with uterine diphtheritis; the other, also a primipara, was admitted comatose and in convulsions."

Before a mode of practice so contrary to all precedent can be regarded with favor by obstetric practitioners, it is necessary that the experience of a great number of observers should be recorded. As a report even of a limited number of cases in private practice is of use in this respect, I propose to give my own experience of it, first premising that I adopted this novel method of using the forceps with my mind strongly prejudiced against it as a piece of "meddlesome midwifery" of the most dangerous description. The following cases will show whether my prejudice was well founded:—

1. About 1 a.m. on July 16th, 1875, I received a message from Mr. James, requesting me to see Mrs. S., Windsor Terrace, Woolcott Park, whom he was attending in her first confinement. The pains first commenced at 9 a.m. on July 14th, and, when I saw her, the os uteri was only dilated to the size of about three inches in diameter. The pains had gone on continuously and she was feeling exhausted. We, therefore, determined to apply the long forceps. The presentation was natural, the head tolerably low in the pelvic cavity, and I could just reach the ear behind the right pubis. I used Simpson's long forceps. There was not much difficulty in applying it, and in less than an hour I delivered her of a male child alive and tolerably vigorous. The os uteri and the perineum presented very little obstacle to the passage of the head. She did well.