

Watching the process between pains when extension of the head is advanced, the perineum can be seen slowly yielding. In almost every case by the method just described, the head can be made to pass the vulva *between pains*. The result is that the perineum is seldom torn. It may seem to require more time for delivery by this method, but such is not the case, for the perineal expansion is more rapid than it is when permitted to relax after each pain. The muscles have time to recover themselves and offer resistance, but when kept even moderately tense they soon lose their power. When the head is well down and extension advanced, if the arm is wearied by the pressure employed, one or two fingers may be passed unto the rectum, and extension be kept up by pressure at the mouth or chin. In the case where the forceps is applied, and has brought the head to the perineum, and we will suppose all obstruction to delivery requiring the aid of the forceps to be passed, shall we now remove the blades? Not unless there is some very obvious reason for their removal.

The forceps is the most powerful means we possess for saving the perineum in these cases. A large number of forceps cases are *primaparæ*. In these cases there are rigorous contractions, which require strong control towards the latter part of extension of the head, a power which the unaided hand does not possess. The forceps is a handle to the head, which gives the operator absolute control.

The objection that the presence of the forceps increases the size of the body to pass the outlet is true, but practically it makes no difference. The perineum is equal to all the demands made upon it, provided it has the time to meet them. Its use in managing the head is most essential. The handles should be grasped near the lock with the left hand of the operator, these parts should then be brought into view. The head should not be allowed to recede during intervals, and while pains exist the head should be restrained within the limits of safety, as manifested to the eye of the accoucheur. In the intervals also, gentle extension can be continually made with the forceps, and the head can, in almost all cases, be delivered between pains; or should it pass the outlet during a

contraction, it may be always so graduated as *never* to rupture the perineum.

In all forceps cases, the retention of the instrument to complete delivery is safe practice, provided it be used to manage the head.

In many cases the forceps may be applied for no other purpose than to control the extension and secure the perineum. These instruments have many invaluable uses, but the method I have described is one of the most important applications. Several years of observation and practice of this use of the forceps, satisfies me that the method is entirely practical and highly advantageous.

Medical gentlemen to whom I described this plan have tried it, and speak favorably of it. To recapitulate:

1. When the proper time arrives keep the head in constant contact with the perineum in the intervals of pain with the hand or the forceps, as the case may be.
2. Keep the parts in view so that the condition may be always known.
3. Whenever possible cause the head to pass the outlet during the intervals between pains.

HEREDITARY DEFECT.

BY J. H. BURNS, M.B., TORONTO.

It is remarked in the *British Medical Journal* of 10th December, 1887, that "it is now very generally recognized that a defect from arrest of development in any part is liable to be repeated again and again in succeeding generations, in spite of the introduction of new blood at each marriage," and in illustration of this, Mr. Lucas referred to an observation of his, that among eighty descendants of a woman who had supernumerary digits, thirty per cent. presented a similar deformity. In connection with this subject, I wish to record the transmission of digital defect in a family through five known generations.

The defect in question is the absence of the second phalanges in the second, third, fourth, and fifth fingers and toes, and of the first phalanges in the thumbs and great toes of both hands and feet.

The peculiarity in its transmission is not a