

too heavy, and towards the tips slightly too wide, and when the blades are applied there is too much width between the shanks. During the last two years I have been using a short forceps with a slight pelvic curve. It is an old instrument which I used for a time, but discarded when I commenced to use the Milne Murray forceps about twenty years ago.

Having found that the wide shanks of the axis traction instruments sometimes tore the fourchette and a portion of the perinaeum before the head pressed on the pelvic floor, and that the wide blades frequently cut through the pelvic floor as the head was approaching the vulva, I have lately found that the old Sawyer was less apt to cause these two forms of laceration. In certain cases I have first applied the Dewees blades when the head was fairly high in the pelvis, and after a little advancement have applied the Sawyer blades to complete delivery.

Let us now leave the short forceps out of the question and consider some points in connection with traction with the three kinds recommended. Can the tearing of the fourchette and a portion of the perinaeum be prevented? Perhaps not always, but very careful, gentle and slow traction will tend to prevent it; but more will be said about this important point later. One of the most important events in connection with the delivery of the head is the rotation which takes place while it is being dragged from the upper portion of the pelvis towards the outlet. Sometimes this rotation, though perceptible, is so slight that it may not be deemed important. Really, however, it is very important, because this slight rotary movement frequently, if not generally, causes the wide long blades to produce a very serious laceration of the pelvic floor. To prevent this the blades should always be removed and re-applied. I may say, incidentally, that it is in such cases as this that I remove the Dewees blade and apply the Sawyer.

Let us now consider, perhaps, the most important point in connection with forceps delivery. The most serious fault nowadays is undue, and unnatural, haste in extracting the head. It is not unlikely that this has been the most serious fault since the Chamberlin times. When the blades are applied while the head is about the middle of the pelvis, how long should it take to extract the head? I have seen some men accomplish it in five minutes with the result that there has always been serious, and sometimes terrible laceration. Others will take a longer time, ten, fifteen or twenty minutes. But even the twenty minutes extraction generally means more or less laceration. Twenty minutes seem a long time to the zealous operator, especially if he is not carefully watching the time by clock or watch. It is, of course, impossible to name an exact time limit, but it will be nearly correct to say that when the head is in