OBSTETRICS.

ON THE USE OF THE FORCEPS.

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My late revered master, Sir James Simpson, in lecturing to his class, used to warn all young accoucheurs against the habit of carrying the forceps with them when called to a labour. This caution, however, arose as much from a laudable desire on his part to restrain the too ambitious interference of the beginner as from any positive belief as to the danger in the application of this instrument.

In one of his most brilliant papers—that on the numerical method as applied to surgery—he clearly shows the value of statistics in all clinical work; and surely, if they are of any value at all, they are eminently so when applied to the results of the different methods of treating and delivering the parturient female.

No one doubts now that these and similar investigations all point to the one great law (law in the sense of an observed order of facts) that, beyond a given point, the longer the labour the greater the danger to mother and child; and, as a corollary of the above, the longer the labour the more tedious the recovery of the mother.

As has been pointed out of late by two or three writers on this subject, the teaching of the schools is not in accord with the actual practice of many practitioners, both in town and country. We are told in our manuals and by our teachers that the forceps is a perfectly safe instrument, and yet so many obstacles are thrown in the way of its justifiable use that the generality of practitioners look upon it with dread and suspicion, and use it only when they are obliged to do so, and only when the safety of any instrumental interference has been elimainated from the case. That I am not singular in holding this idea is very evident from what Dr. More Madden says in his interesting pamphlet on this subject: "Some years ago the forceps was hardly ever resorted to until the parturient woman, worn out by the protracted sufferings she had endured, was almost moribund, and when, too, the child was probably dead in consequence of the long-continued pressure it had been subjected to. And yet, as I could show you by a reference to the statistics of this hospital (the Rotundo), in forceps cases the mortality to the mother is always less in proportion to the frequency of the operation, as well as to its early performance in those cases which require it."

Keeping in view the law, that the maternal and infantile mortality attendant upon parturition is in a ratio progressive with the duration of labour, are we not justified, nay, are we not bound, to use every means in our power to shorten that duration; provided always that can be accomplished with safety to the mother and child? Many maintain that as long as the head advances, though ever so slowly, instruments should not be employed. Some say, Wait on, leave it to nature! And even though the head be stationary or fixed in a position favourable for the use of the forceps, wait, they say, four, six, or even twelve hours before you attempt to deliver the woman from her sore travail.

With all due deference to the mighty ones who have laid the foundations and further advanced the structure of this branch of our art, I humbly enter my protest against any such principle. If it is at all justifiable to assist in the delivery of a breech case, or of the placenta, it must be so to apply the forceps. We help the breech down, and are justified in doing so, in cases where we know Nature could and would ultimately accomplish delivery. We extract the placenta almost immediately after the child is born, and are justified in doing so; yet Nature would, in a large proportion of cases, accomplish this some time within the hour. I have a very high respect for Nature as a *vis medicatrix*, but, so far as my individual experience goes, she makes a sorry midwife. Why, even among the lower animals, especially those in a state of domestication, we find that unless art step in, the parturient female often fails to bring forth its living offspring. Any shepherd could tell of ewes and lambs lost from causes similar to, if not identical with, those seen in women. Delay with them seems fraught with very decided symptoms. In the mare, too, the average duration of labour is so short that the careful attendant knows well that if his case goes beyond a certain time there is danger. "Is not a cow like a duchess?" She is, and in so far as that the *ars obstetrica* must come into play in the one as in the other. It is not so with those animals which are, strictly speaking, feral, but with animals which are domesticated, and lead a somewhat artificial life, the act of parturition is fraught with contingent evils, over which mother Nature has little or no control. It may be difficult to say with precision what is a state of nature as regards woman, but we do know that women in the higher circles of life do not, as a rule, represent this ideal. We know also that since the introduction of machinery, more notably the sewing machine, neither the lady in the middle nor the factory girl in the lower class can be looked upon as living under any other than artificial conditions. Nature can, and does accomplish much, but she cannot accomplish the delivery of women under conditions as favourable as those brought about by the art of the moderately skilled accoucheur; and simply because, as society is at present constituted, there are introduced into this natural process of parturition adverse conditions, pathological states and complications, which quite place that process beyond the control of the venerable mother.

There would seem, then, to be a point of time beyond which danger or unfavourable conditions are apt to manifest themselves; and it may be broadly stated as a fact that labours of six hours are safer (other things being equal) than labours of twenty-four hours' duration. And Sir James Simpson shows by statistics that the mortality to mother and child is tenfold greater in labours prolonged beyond thirty-six hours than in labours terminated within the first twenty-four hours.

It is unnecessary to enumerate the complications which may and often do arise in tedious and protracted labour, but these would seem to range themselves under one or other of the following heads:—

1. Danger arising from exhaustion, either of the nervous, muscular, or circulatory systems.
2. Dangers arising from mechanical pressure.

It is only necessary to mention, as coming under the first category, rupture of the uterus and post-partum hæmorrhage; while in the second we have placed prominently before us inflammation or *sloughing of vaginal*, rectal, or vesical, walls, with all their concomitant evils—these on the part of the mother; on the part of the child, death or cerebral lesion from compression.

It is with something akin to pain that I look back on the early years of my career as a country accoucheur. Imbued with the scholastic dread of interfering with "old Nature," and consultation not always being attainable, I have painful memories of allowing these poor but confiding women to remain in strong labour for ten, fifteen, or even twenty-four hours, knowing well all the time that harm would accrue. But why, asks some accomplished accoucheur, did you not help with ergot?—why, asks another, did you not use forceps? Simply because, in the first place, my experience of ergot, even then, was that in a large proportion of cases it did more harm than good; and, in the second place, I had been taught to avoid the use of instruments as long as there was any progress, and my ideas of the forceps were (something like a Calvinist's in matters of of his religion) more imbued with the dangers than with the advantages, more alive to the horrors than to the blessings of the instrument. Then do I blame my teachers? Certainly not. They taught up to the thought of the day. But gradually and surely our ideas are undergoing modification on this point, and ere long, we think, it will be forced upon the attention of the schools the propriety of establishing a more thoroughly competent system for teaching surgical midwifery. Since commencing practice I have had nearly one hundred forceps operations, and looking over those of them which I have carefully tabulated I am forced to the conclusion that the mere use of this instrument does not interfere with, nor retard, *but rather tends to help*, the recovery of the mother, and that "the timely use of the forceps, shortening the second stage of labour, is the great practical improvement in recent midwifery." (On this point see the evidence of Dr. Thorburn, Mr. Rigden, Drs. Hamilton, Lawrence, Milne, and last, though not least, Dr. Clarke of Oswego, whose paper is quoted in the Dublin Quarterly Journal of Medical Science, Jan., 1872.)

I must here mention that a great portion of my midwifery is what is called by the financial part of the profession "low midwifery,"—i. e., *made up of that unfortunate class who cannot* afford to give the accoucheur a higher fee than ten or fifteen shillings. Luckily the chief aim and end of our profession is not that of taking fees. We are not tradesmen grubbing for money, but we are, I hope, men of science searching for truth; and so it comes about that these poor and heavily troubled creatures are not all obliged to yield themselves up to the limited skill of the venerable mother aforesaid, or to the greed and ignorance of the great unqualified.

But, though paying so low a fee, these cases