

*The Use of the Forceps.* If any general practitioner of mature years were asked which of the many instruments in his possession he could least afford to do without, he would, on looking around his various shelves and bags, finally rest his eyes on his long black bag and, almost affectionately reply, the forceps, as he thinks of the many lives and the amount of suffering it has enabled him to save. But it cannot be denied that the forceps is an agent which is as potent for evil as for good, according to the motives which prompt its employment and the skill with which it is employed. The forceps has saved the lives of hundreds of mothers, but it has shipwrecked the lives of thousands. And while it has saved the lives of thousands of children who would have perished from prolonged compression in a narrow pelvis, it has killed a great many who would have passed safely through if they had been allowed a little more time. The object of this paper will be to point out how the forceps may be made to accomplish the maximum of good with the minimum of harm. There are a few simple rules which the writer has laid down for his own guidance, and which he has often pointed out to his students at his gynecological clinics when examining severe lacerations of the cervix, vagina and perineum.

1. Never use the forceps until the woman has been twenty-four hours in labour if a first confinement, or twelve hours if a second or subsequent one, unless there is some urgent indication to do so.

2. Never use the forceps to save one's own time.

If these two rules were invariably followed there would be a tremendous falling off in the number of women with lacerated cervixes and perineums, and consequent puerperal infections and uterine displacements. In taking the histories of nearly four thousand cases at the Montreal Dispensary I have learned that a great many women, who stated that they had never been well since their first confinement, were delivered with the forceps in from one to six hours after the first pain of their first labour. The following extreme cases appears among the histories: A woman who came with a laceration through the perineum and sphincter ani and about two inches up