

THE FORCEPS APPLICATION.

When forceps are properly adjusted to the fetal head, and locked, *can* they slip? that is, *off the head of the fetus?* We once in a while hear of forceps slipping, but I have always had a doubt whether they have been correctly applied. In the course of a long practice, I have frequently used forceps, and with the knowledge and experience thus acquired, am only sorry I didn't use them more frequently; I might have averted hours of anguish, and quite possibly saved infantile life. But my forceps never "slipped," nor can I quite understand how they could; of course they couldn't slip within the bony pelvis. I have, on more than one occasion, applied force enough to make them slip, if it were possible for this to happen.

Some years ago I saw a lady, in consultation, who had been in labour for more than forty-eight hours, with an arm extended more than half the time. The doctor, in reporting the case to me, placed his own arm upward, alongside of his head, and remarked, "doctor, it is coming this way." I, however, doubted his illustrated diagnosis, and proceeded to investigate the case, when I found a shoulder presentation. Under the influence of an anæsthetic I turned and delivered by the feet. During the night previous to my seeing the patient, the doctor had made several unsuccessful attempts to use his forceps, but they "slipped" every time. It might be well, too, to have a thought of the injury that might be inflicted on the accouchee by this imperfect application and slipping of forceps.—(L. G. Harley, M.D., in the *Medical and Surgical Reporter*.

EXTENSIVE LACERATION OF THE PERINEUM; CURE.—Dr. Jas. Young, Vice-President of the Obstetrical Society of Edinburgh, relates the following interesting cases of this accident:—"On the 28th June, 1875, I was summoned to see Mrs. M., æt. 35, a primipara. At 6 p.m. the os uteri was small (size of a shilling), although the patient had been in labour for twelve hours. I was again called at 6 p.m. next day, when I found the first stage

almost over, and the head presenting in the occipito-anterior position. The woman had been twenty-four hours in labour, and as I considered it unjustifiable to leave her longer I sent for the forceps. The vagina was hot, and the pains were becoming feeble. While under chloroform, I used steady traction during each pain, allowing the external parts time to dilate slowly. Notwithstanding every care, the perineum ruptured right along through the sphincter ani, and into bowel three inches, my whole index finger easily passing from bowel into vagina. When the placenta was expelled, and the uterus contracted, the wound was carefully sponged. The anæsthesia being maintained, the torn parts were brought together with the interrupted suture. Seven ligatures were used, which had been dipped in carbolic oil, and the wound was left in perfect approximation. The urine was drawn off every twelve hours. The thighs were tied together, and by the administration of opium the bowels were confined for six days. No local dressings were used. The patient made a perfect recovery; the wound healed throughout at every point; and on the fourteenth day she was left to her own care. Several weeks ago, I examined the patient by placing one index finger in the bowel, and the other in the vagina, and found the recto-vaginal septum complete. Let me here mention, in connection with her history, that when Mrs. M. was married I understood that perfect sexual intercourse was precluded for some months in consequence of the extreme rigidity of the vagina, and four years elapsed ere this child was born." Dr. Y. says that that in severe perineal rupture the immediate closing of the wound is of paramount importance, so as to secure healing by the first intention. The interrupted suture of carbolized catgut should be used; and the entire rupture must be brought into exact approximation. Careful and frequent sponging must be attended to by the nurse, to avoid any irritation from the lochial discharge. The urine must be drawn off every twelve hours; no dressings applied; the patient kept in the horizontal position; the thighs kept together; and the bowels must not be allowed to move for six days.—*Edinburgh Medical Journal*.