ed in the city, was lately confined of her first child. On the first day when I was called, she had labour-pains, but they were weak, and, after a few hours, these passed away, and she had seven hours' remission. At 5 o'clock on the following morning, the pains recommenced stronger and continued steady; the os uteri was opened sufficiently to admit the finger; the stomach was irritable, vomiting beef-tea and refusing all food. At 10. 30 next morning, the first stage was completed, the head presenting naturally in the first position and at the brim. Bearing-down pains were regular, but short; she was very uneasy, speaking between and even during her pains. At 12.40, the head was in the pelvic cavity, and, as she was making no progress, I now delivered with the forceps. Mother and child did well.

I believe this timely application of the forceps to be a direct gain; for, when labour is retarded, we have induced a condition which, sooner or later, can lead only to mischief. It is true that nature is kind and serious injuries to the passages have taken place without producing after suffering; but a careful obstetrician should not run any risk. Many look upon the forceps as a *dernier ressort*, and prefer to give ergot. This remedy, if good, is one of a known power. In ten or fifteen minutes, it begins to exert its influence, and often for nearly an hour its effects continue upon the uterus, if the fœtus be not by that time expelled. Ergot acts by inducing sharp uterine action, recurring with brief intervals of rest, and, even during these remissions of pain, maintaining the womb in a continued state of action. The drug can only be judiciously given when a speedy termination of the labour is reasonably to be expected. With regard to the forceps, we know when to employ them, when to modify their action, and when to cease using them. It seems also *à priori* more reasonable to assist a weakened organ by giving help from without than by endeavouring to effect relief through stimulants; and I believe we should use the forceps as a better, because a safer, plan of treatment than ergot, at all events, until the birth of the child, it appears best to relieve the exhausted uterus by some other means than that of applying force to an organ already over-worked.

Professional opinion is still undecided with reference to the time when the forceps should be applied. Dr. Ramsbotham (page 242) says: "When the head is impacted for four hours without advance and recession, I think we are warranted in delivering." In the Rotunda *Clinical Report* apage 21), Dr. Johnston says: "When we found there was no advance, say, for two hours, we usually administered a stimulating enema, then waited for an hour or two, according to circumstances, and, if the pains were not producing any effect, a second enema was given, and, if this did not succeed, in another hour, we gave a dose of ergot (particularly if it were a multiparous case); and, if the patient were irritable, we put her under chloroform, and then, after passing the catheter, we proceeded to apply the intruments." And Cazeaux, in his *Treatise on Midwifery*, says (page 992): "If the head were low down in the excavation, and it had made no progress for seven or eight hours, the forceps ought to be applied." Probably these authorities express the limit to which forbearance on the part of the attendant could be justified. I am certain these rules could not be followed, in many cases, without serious risk to mother and child. Dr. Burns seems to have appreciated the necessities of the case when he said that, "when mischief arises from the application of the forceps, it is always owing either to harshand unskilful conduct, or to a state induced by delaying too long." It appears, to me that the time for bringing effective assistance is unmistakably indicated by the increasingly feeble efforts of the uterus. Nature should be helped when she shows that she can no longer, unaided, help herself. It has been urged that, from the sudden emptying of the uterus, flooding may take place. I have never met with this complication in any case I have delivered with the forceps, but I can understand how it may occur with those practitioners who apply this remedy "after the head has been impacted for four hours," for then the power of the uterus would be exhausted, and contraction rendered improbable. In these cases, the delay in delivery produces uterine inertia; if not the true inertia as obstetricians define it, it is at least an inertia similar to the temporary paralysis of the over-distended bladder, and, in this condition, the sudden emptying of the womb, doubtless, exposes the patient to this complication. But the case is otherwise if effective aid be given in time. The sudden relief from the pressure of an organ which still retains a certain amount of vital force will give rise to renewed vigour. A timely delivery should thus prevent, instead of cause, *post partum* hæmorrhage. When I have found it necessary to deliver in cases where labour-pains were absent, I took special precautions to avoid flooding, and it would only be when the condition of mother or child rendered delivery at once necessary that I would resort to this dangerous step. But the chief object of preventing delay in the passages, is to obviate any tendency to the very distressing diseases which occasionally follow inflammatory action. The late Sir James Y. Simpson said that vesico-vaginal fistula was "most commonly found as a consequence of difficult and prolonged labour, more especially the latter" (*Diseases of Woman*, p. 32.); and there can be no doubt the long continued pressure of the fœtal head on the maternal passages is a very certain way of "producing mortification and sloughing of the vagina and part of the uterine wall." Kindred results have so frequently been observed by surgeons to take place when, even, for a few hours only, the hernial sac is strangulated, and also in other diseases accompanied by compression, that I believe the onset of inflammatory disease in the vaginal passages to be due more to the detention of the fœtus than to any temporary injury which the judicious application of the forceps could give. When I began to apply the forceps at the onset of the patient's failing strength, it was with a view of securing, if possible, a living child, for the delay seemed to act as prejudicially against the fœtus as the mother. In my private practice, I find, on an average, every twenty-sixth