

sixty hours—aye, and even for a much longer time—without any attempt being made to relieve them. The results, I need hardly say, were lamentable both as regards the mother and the child. Many mothers sank, worn out by long continued suffering, or died subsequently of peritonitis, the result of unduly prolonged uterine action. In others, sloughing of the vagina followed, caused by the long-continued pressure exercised by the foetal head on the soft parts of the mother. This again was followed either by the formation of dense bands occluding the vagina to a greater or less extent, and which often opposed serious obstacles in subsequent labours, or by the formation of vesico or recto-vaginal fistulæ, a source of the most intolerable misery to the unfortunate patient, rendering her loathsome alike to herself and to others. Nor were the results as regards the child less lamentable. Women were allowed to linger on in labour till their children being dead, the perforator was used—an instrument harmless enough to the dead infant, whose life, however, was not the less sacrificed to a rigid adherence to the rule of non-interference.

All this is now changed. It is the recognised rule, followed by every well-informed practitioner, that women should not be left to linger on in suffering, but that delivery should be accomplished by the forceps when once we are satisfied that Nature, unaided, is unable to effect delivery within a safe period. What that period may be cannot be fixed by any definite rule, each case must be judged by itself; but the axiom in general adopted is this, that when once the head ceases to advance, or to advance so slowly that delivery by the natural efforts cannot be expected to take place within a reasonable time, the forceps should be used. Some idea of the change in practice in this respect may be formed from the fact that in 6,634 deliveries which occurred during three years of the mastership of Dr. Charles Johnston, whose pupil I was, the particulars of which are recorded by Drs. Hardy and McClintock, the forceps were used but eighteen times, or less than once in every 360 cases; while in 7,027 deliveries which occurred under the mastership of Dr. George Johnston, between November, 1868, and November, 1874, the forceps were applied 639 times, or once in about every 11 cases. The difference is so startling that we are naturally inclined to ask, Is the frequency of recourse to the forceps absolutely necessary? I am not prepared to give a definite answer to this question; but of this I am sure, that while no injury is inflicted by the forceps on either mother or child when the instrument is used by skilful hands, the most lamentable results followed the old practice of non-interference.

So much as to the frequency of the use of the forceps. Now as to the rules which were laid down for its use as compared with those at present acted on.

The conditions "which were considered indispensable in order to render the forceps applicable, and without which they were not used," by Dr. Charles Johnston, were these: (*)

* "Practical Observations." By Hardy and McClintock, 1848, p. 89.

1. That the child be alive.
2. That the head have remained stationary for six hours at least.
3. That the membranes be rupturing, and the os uteri fully dilated.
4. That the head of the child be so circumstanced that the ear can be distinctly felt.
5. That the state of the soft parts be such as denotes the absence of inflammation.

Time will not permit me to contrast *in extenso*, as I might with profit do, the great divergence which has taken place in the present day from the practice laid down, and rigidly adhered to, by those who were my teachers; I must content myself with summarising.

The 1st and 5th rules are still admitted by all practitioners, only with this great difference, that we never now wait till the life of the child is in any danger, and as a consequence of our prompt interference "inflammation of the soft parts" is now virtually never met with during labour. Therefore, though we admit the truth of the principles inculcated by these rules, the necessity of acting on them is never likely to arise in our practice. Rules 2 and 4 we altogether repudiate.

I am not able to give you any definite one in place of rule 2. I can only say that, if once we are satisfied that the powers of the mother are insufficient to accomplish delivery within a reasonable time, we at once proceed to effect delivery by means of the forceps. I should not think of leaving a patient to linger on in suffering for one hour, much less for six, after I was satisfied that the head had ceased to advance, and not unfrequently I apply the forceps even though I am satisfied it is slowly advancing. Gentlemen, the rule I refer to is now discarded by all obstetric authorities. I recommend you to discard it also. I can, with equal confidence, advise you to disregard rule 4. Many years have passed since I felt the ear of the child, for this simple reason, that I never try to feel it. I lay stress on this, because I find that many candidates for the licences of the College of Physicians, whom it is my duty to examine, when questioned as to the use of the forceps, say that the ear should be felt before it is applied. I presume these gentlemen practice what they say, and that practice I pronounce to be wrong.

The 3rd rule is the only one on which a difference of opinion now exists among practitioners. No one of any experience as an obstetric practitioner now denies that cases will from time to time present themselves in which the forceps may, with perfect safety, be applied before the os uteri is fully dilated; and further, that from the presence of urgent symptoms, such as the occurrence of convulsions, hæmorrhage, &c., delivery by means of the forceps should, without doubt, be effected before the os uteri is fully dilated. But here agreement ceased. Some—and principal among these, the late Master of this hospital, Dr. George Johnston—hold that the forceps may be applied with nearly as much impunity before the os is fully dilated as at any subsequent period of labour. But from this view I must dissent. I hold that the