

Dr. Morris considered Molesworth's dilator a most valuable one, but it is not free from objections and imperfections. Having longitudinal folds, and the closed end being unyielding, the tape wrapping can be so arranged as to locate exactly the distending power. In this case the unwrapped portion had been pressed too far into the cavity of the uterus, and had exerted its force on the walls of an organ already undergoing sarcomatous degeneration, and this latter was the real cause of the accident. He preferred air to water as the distending agent.

Dr. Goodell had always felt afraid of Molesworth's dilator, and, although possessing one, had never used it. He considered that the sarcomatous degeneration had rendered the uterus friable. Probably, in this instance, the bulge of the dilator being partly above the internal os, the instrument had, from its cone-like shape, slipped further in and pressed against the fundus with a force that the diseased tissues could not resist.

Dr. Smith disclaimed all intention of speaking against the Molesworth dilator. We cannot compare it with Barnes' dilators, because the latter are not applicable to dilatation of a non-gravid uterus, nor of an os uteri long contracted after the expulsion of a fetus in abortion. There is not power enough in the bags to make any appreciable impression during a length of time in which it would be feasible to keep up the use of the dilator. He found air entirely inefficient in dilating the tubes, although the syringe was filled several times and its contents forced into the tubes. There was danger, in case of rupture of the instrument, of air finding its way into the uterine sinuses. When using water the dilation does not begin at the exact point where the wrapping ceases—a margin should always be allowed.—*American Journal of Obstetrics*, April, 1877.

Dr. Lett, who leaves for the Toronto Lunatic Asylum, as assistant physician in place of Dr. Metcalf, has been presented with an address by the Medical Association of London, expressing regret at his departure from among them. Dr. Metcalf takes Dr. Lett's place in London.

APPLICATION OF FORCEPS IN HEAD-LAST PRESENTATION.

BY EUGENE P. BERNARDY, M.D.

Is there more danger to the child in having the after-coming head delivered with the *forceps* or by *powerful traction* made upon the body of the child? Is it consistent with common sense that the slender and delicate neck of a child should be pulled and dragged on with such pertinacity? I am certain no child's neck was ever made for such purpose, and I certainly believe that there is almost in every case some damage done either to the mother or child, in some cases to both.

Prof. Meigs, in his excellent work on obstetrics, claims the forceps as the child's instrument; and truly it is in head-last presentation.

I am certain that by the application of the *forceps* on the after-coming head we give a better chance to the child for its life, with less danger of inflicting any injury on it or the mother.

I will cite some cases occurring in my practice, and the method of treatment adopted in each. * * * * *

In looking over the above cases it will be seen that three cases were delivered by traction, four cases delivered by traction and forceps, and five cases delivered by forceps *alone*. In all the cases where the forceps were applied at once *the children were born alive and uninjured*.

In Case VII. the patient was delivered twice, once by traction and forceps, which gave a dead child; the second time where the complications were of the most serious character, and where the chances for the child were greatly diminished, by the timely application of the forceps I was able to deliver a living child.

Where traction was resorted to before the application of the forceps, all died. Out of three cases delivered by traction alone, only *one* was uninjured.

The above record shows most decidedly in favour of the early application of *forceps*, for we have here twelve cases in all,—five cases delivered by the forceps alive and uninjured, while of the other seven cases we have the history of only one case uninjured. I may here state that in nearly all the cases supra-pubic pressure was employed in conjunction with traction.