

woman has been in labor many hours. After a time an examination during an interval between the pains shows the os soft and flabby, fairly well dilated or at least dilatable. Some chloroform is administered and the forceps are slipped over the head, of course, within the os. During the following pain the os becomes spasmodically contracted round the head and forceps, and not more than half its former apparent size. Dr. Murray considers such a condition an example of uterine inco-ordination, or uterine stammer. Traction under such circumstances will tear the cervix into the vaginal roof with sometimes most disastrous results. Careful examination, which should always be made during a pain as well as during the interval, will prevent you from making such a deplorable blunder.

While we should avoid the premature use of the forceps we should not go to the opposite extreme and fail to use them when necessary. In former times, when the forceps were used less frequently by the majority, and not at all by some, that horrible condition vesico-vaginal fistula was not uncommon. It is now comparatively rare. This is, however, telling a small part of the story. Dr. Murray says much in a few words when he tells us that by means of the forceps "we have saved women hundreds and thousands of weary hours and preserved countless children alive."

*When forceps should be used.* This brings us back to some considerations in connection with the management of the second stage of labor, which we desire to be as short as possible. When all the soft parts from cervix uteri to the vulva, inclusive, are softened and dilated or dilatable, we want quick delivery of the child. To accomplish this we use the forceps in certain cases. When shall we use them? This is not an easy question to answer definitely.

Milne Murray lays down a rule to which he attaches much importance. "A direct indication for the use of the forceps arises whenever, and only whenever we are assured that the danger of interference has become less than that of leaving the patient alone." He claims that this is more than a mere truism, inasmuch as it implies that the use of the forceps is nearly always a matter of individual judgment. He considers that there is no accepted set of rules which can be applied to each emergency.

At the Rotunda a definite time limit for the second stage has been recognized for several years. That limit, when I heard last, was four hours. The same limit was observed in St. Mary's and Queen Charlotte's Hospitals for some time, but in 1897 the maximum duration was altered from four to two hours. Many express the opinion that the time element alone is not a proper basis for such interference. I quite concur and