

delivery. But a careful history of the previous obstetrical experiences of the patients admitted to our gynecological wards leaves no doubt that the badly torn cervix, in the majority of instances, is the result of premature forceps application.

This is common knowledge, but it is not so generally recognized that other lesions may result, notably retro-displacement of the uterus and prolapse. The normal position of the uterus is maintained to a large extent by the firm tissue in the bases of the broad ligaments, connecting it with the side walls of the pelvis. Any stretching or relaxation of these fascial layers will result in uterine displacement. When forceps are applied to the head through an undilated cervix, and traction exerted, the margins of the cervix tend to contract. The pull is therefore exerted, not only on the child's head, but also on the uterus. Before the cervix gives way a very considerable strain may have been put on the fascia of the pelvis, which later manifests itself in uterine displacement. In this way is produced the clinical picture so often presented, torn perineum, torn cervix, prolapsed vaginal walls, and retro-displacement of the uterus.

Knowing the results likely to follow, are we then ever justified in applying forceps through the cervix not fully dilated? The answer, I think, must be *no*. If circumstances demand rapid delivery the cervix should first be dilated manually if it is soft and yielding, or incised in the middle line anteriorly or bilaterally, according to Dührssen's procedure, if it is rigid. Such incisions should, of course, be sutured immediately after delivery is effected. Mere prolongation of the first stage of labor, from whatever cause, never justifies forceps application for its completion. The child is seldom in danger in such circumstances. If the mother is becoming exhausted and tired out we have in morphine, combined with scopolamin, the means to give her rest. If the pains are feeble and ineffective pituitrin can generally be relied upon to strengthen them. A judicious exhibition of those three drugs in proper sequence robs the first stage of labor of most of its difficulties.

There has been considerable discussion in the past as to the indications for the application of forceps in the second stage of labor. The frequency with which they are applied varies with the individual operator, and differs in hospital and in private practice. We have lately very considerably diminished the number of forceps applications by the administration of pituitary extract. In 171 cases, delivered up to date in the public ward of the new Burnside Obstetrical Hospital, forceps have been ap-