

flexion and good pains, the likelihood is that forward rotation will take place. When flexion is deficient, descent is difficult, and backward rotation is the rule. When the bregma can be easily reached, as soon as the os is dilated the sooner the forceps are applied the better. By the proper manipulations of the forceps we can secure forward rotation in nine cases out of every ten.

Another matter of much importance is the position the forceps should occupy with regard to the pelvis and the coming head. The teaching, altogether too common, of applying the forceps so that the blades are in position with the sides of the pelvis, is not good practice. It was strongly urged that the French teaching of applying the blades to the biparietal diameter of the head, is much more rational, and yields far better results. As the head descends the forceps come round into the pelvic transverse.

In some cases, as the head rests on the perineum, the latter becomes very rigid with each pain. The proper course is to administer chloroform to a sufficient extent to produce distinct anaesthesia, and make the traction between pains.

In all cases, jerky traction is to be condemned. The traction on the forceps should imitate a uterine contraction.

Dr. W. J. Smiley, late Master of the Rotunda, said that safety in the employment of the forceps lay in adhering as closely as possible to the following conditions: When the head had passed the brim by its greatest transverse diameter, when the os was fully dilated or dilatable, and the membranes ruptured. The high operation was only to be undertaken when the indications were very clearly defined. In many of these cases, if the attendant would only wait for a while, the head would mould, and pass the brim without the aid of forceps.

Professor Fehling, of Halle, called attention to the fact that the investigations of Hegar and Cullingworth had clearly shown that the mortality in midwifery had not been reduced by the introduction of the forceps. He thought that the great mistake made by young practitioners was to employ them too frequently, and consequently often when they were not required. The following three points should be borne in mind: The head below the brim, well rotated, and the os well dilated.

Sir William Priestly, Consulting Obstetric Physician, King's College, said that to employ the forceps before the passages were well dilated was to court lacerations.

Wm. Stephenson, Prof. Midwifery, University of Aberdeen, said that the rule he gave his students was to aid nature by the forceps, when it was clear from the condition of the passages that this aid could be given without deranging the mechanism of labor.