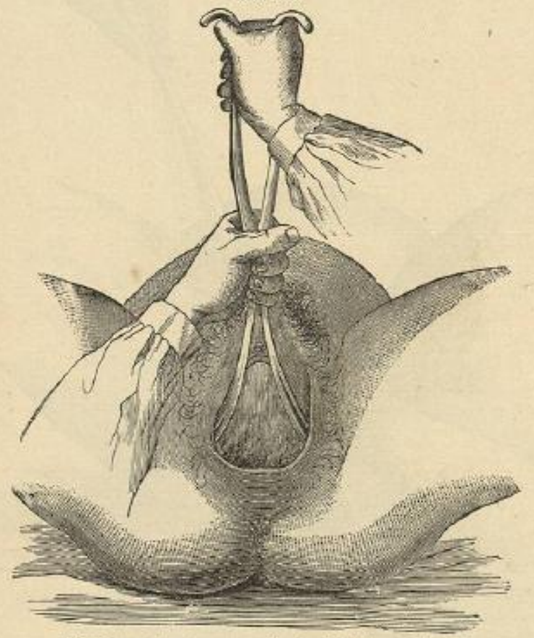
In latter years it has become much more common than formerly to introduce the forceps into the uterus before it is fully dilated, in consequence of the success claimed for the plan as carried out in the Dublin Lying-in Hospital. As this should never be done where the os is not readily dilatable, and requires much skill in execution, it is not safe to recommend its general adoption in cases of delay in private practice.

The forceps should not be introduced with any force, but the left blade should be slid in gently and with a spiral motion, and then the right, care being taken that they should also lock without force, which

FIG. 184.



Direction of the forceps as the head is being delivered.

they will do if properly adjusted. Traction is to be exerted slowly and during a pain, the whole movement being made to correspond with the natural one as closely as possible.

As the fœtal head comes under the arch of the pubes the handles of the forceps must rise more and more from the bed, until at last they are over the abdomen as the head emerges from the perineum. This last movement of instrumental delivery should be a very slow one, for fear of rupture. It has been proposed to remove the blades before delivery is complete; but there is no occasion for this if the forceps is applied to the sides of the head over the parietal protuberances, as, where these protrude and the blades are flat and thin, there is very little additional space required. With such instruments as the old

Levret, Baudelocque, and Rohrer forceps, with looped or kite-shaped fenestræ and thick edges, this was a much more imperative direction than with the better instruments of the present day. With a Sawyer forceps the perineum ought to be safer and under better control than without. When the perineum is thought to be in danger, the process of distention should be retarded through two or three pains, or even more if required, instead of drawing the head through at once.

After the head is delivered, if the cord is not around the neck and therefore in danger from pressure, the body should be allowed to remain until the uterus has well contracted upon it, for fear of hemorrhage after delivery, from uterine inertia.—ED.]

CHAPTER IV.

THE VECTIS.—THE FILLET.

The Vectis.—In connection with the subject of instrumental delivery, it is essential to say something of the use of the *vectis*, on account of the value which was formerly ascribed to it, which was at one time so great in England that it became the favorite instrument in the metropolis; Denman saying of it that even those who employed the forceps were "very willing to admit the equal, if not superior, utility and convenience of the vectis." Even at the present day there are practitioners of no small experience who believe it to be of occasional great utility, and use it in preference to the forceps in cases in which slight assistance only is required. In spite, however, of occasional attempts to recommend its use, the instrument has fallen into disfavor, and may be said to be practically obsolete.

Nature of the Instrument.—The vectis, in its most approved form, consists of a single blade, not unlike that of a short straight forceps, attached to a wooden handle. A variety of modifications exists in its shape and size. The handle has been occasionally manufactured, for the convenience of carriage, with a hinge close to the commencement of the blade (Fig. 185), or with a screw at the point where the handle and blade join. The power of the instrument, and the facility of introduction, depend very much on the amount of curvature of the blade. If this be decided, a firmer hold of the head is taken and greater tractile force is obtained, but the difficulty of introduction is increased.

When employed in the former way, the fulcrum is intended to be the hand of the operator; but the risk of using the maternal structures as a *point d'appui*, and the inevitable danger of contusion and laceration which must follow, constitute one of the chief objections to the operation. Its value as a tractor must always be limited and quite

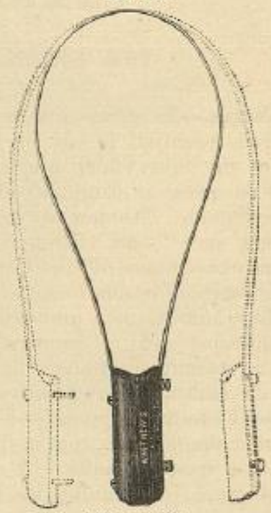
inferior to that of the forceps, while it is as difficult to introduce and manipulate.

Cases in which it is Applicable.—The vectis has been recommended in cases in which the low forceps operation is suitable, provided the pains have not entirely ceased. There is no doubt that it may be quite capable of overcoming a slight impediment to the passage of the head. It is applied over various parts of the head, most commonly over the occiput, in the same manner, and with the same precautions, as one blade of the forceps. Dr. Ramsbotham says: "We shall find it necessary to apply it to different parts of the cranium, and perhaps the face also, successively, in order to relieve the head from its fixed condition and favor its descent." Such an operation obviously requires quite as much dexterity as the application of the forceps; while, if we bear in mind its comparatively slight power and the risk of injury to the maternal structures, we must admit that the disuse of the instrument in modern practice is amply justified.

Fig. 185.

Vectis with hinged handle.

Fig. 186.



Wilmot's fillet.

The vectis may, however, find a useful application when employed to rectify malpositions, especially in certain occipito-posterior presentations. This action of the instrument has already been considered (page 334), and, under such circumstances, it may prove of service where the forceps is inapplicable. When so employed it is passed carefully over the occiput, and, while the maternal structures are guarded from injury, downward traction is made during the continuance of a pain. So used, its application is perfectly simple and free from danger, and for this purpose it may be retained as part of the obstetric armamentarium.

The Fillet is the oldest of obstetric instruments, having been frequently employed before the invention of the forceps, and even in the time of Smellie it was much used in the metropolis. It has since completely fallen out of favor as a scientific instrument, although its use is every now and again advocated, and it is certainly a favorite instrument with some practitioners. This is to be explained by the apparent simplicity of the operation, and the fact that it can generally be performed without the knowledge of the patient. The latter, however, is one strong reason why it should not be used.

Nature of the Instrument.—The fillet consists, in its most improved form (that which is recommended by Dr. Eardley Wilmot[1]) (Fig. 186), of a slip of whalebone fixed into a handle composed of two separate halves which join into one. The whalebone loop is slipped over either the occiput or face, and traction used at the handle.[2]

When applied over the face, after the head has rotated, it would probably do no harm; but if it were so placed when the head was high in the pelvis, traction would necessarily produce extension of the chin before the proper time, and would thus interfere with the natural mechanism of delivery. If placed over the occiput, it is impossible to make traction in the direction of the pelvic axes, as the instrument will then infallibly slip. If traction be made in any other direction, there must be a risk of injuring the maternal structures, or of changing the position of the head. Hence there is every reason for discarding the fillet as a tractor, or as a substitute for the forceps, even in the simplest cases.

It is quite possible that it may find a useful application in certain cases in which the vectis may also be used, viz., as a rectifier of malposition; and, from the comparative facility of its introduction, it would probably be the preferable instrument of the two.

CHAPTER V.

OPERATIONS INVOLVING DESTRUCTION OF THE FŒTUS.

Operations involving the destruction and mutilation of the child were among the first practised in midwifery. Craniotomy was evidently known in the time of Hippocrates, as he mentions a mode of extracting the head by means of hooks. Celsus describes a similar operation, and was acquainted with the manner of extracting the fœtus in transverse presentations by decapitation. Similar procedures were

[1] Obst. Trans., 1874, vol. xv. p. 172.
[2] The whalebone fillet originated with the Japanese, and was a fearfully destructive instrument with them, traction being made with a windlass.—Ed.]