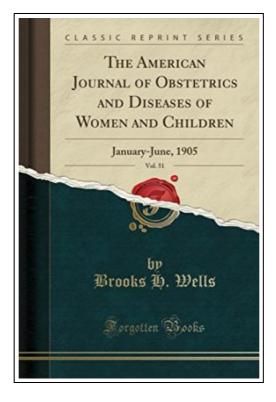
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Forgotten Books, 2018. Paperback. Condition: New. Language: English . Brand New Book ***** Print on Demand *****. Excerpt from The American Journal of Obstetrics and Diseases of Women and Children, Vol. 51: January-June, 1905 No special introducing forceps or syringe are necessary, al though some have been described. I use, however, nearly always a forceps with a pelvic curve and fenestrated blades for the greater ease in the introduction, yet a sponge holder will do. The syringe employed is an ordinary Davidson s. The glass varieties are very apt to break. The metal ones get out of order and can not be boiled. Of course, the asepsis must be perfect in every detail. It is well to insert the largest size bag possible at the outset and to remember in filling the balloon with the fluid to in?ate slowly with slight traction on the tube so that the head, if presenting, will be displaced as little as possible. The patient is left to nature s efforts after the introduction of the balloon unless there is need of hurry when traction can be made at regular intervals on the tube, increasing thereby the strength of the pains and accelerating the dilatation of the cervix. It is only necessary to insert successive bags in cases where great haste Is demanded and where the pains are few and far between or stop altogether after the first bag is expelled. Results - As before stated, in a previous article, the writer re ported the first series of cases in which the balloons were used in the service at the Sloane Maternity Hospital. These were 72 in number out of deliveries for the two years up to September 1, 1899. The cases selected had sure indications for interfering, and were those in which other methods...

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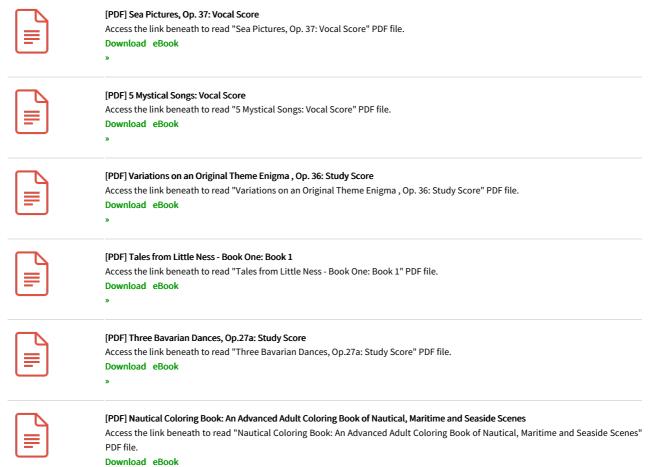
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