

fundus uteri, when required, to assist in expelling the thorax and shoulders, and how to press on the head after the shoulders are born. After the delivery of the breech give the signal for patient to bear down and nurse to press on fundus. When breech does not descend into pelvis within an hour or two after the os is fully dilated, traction becomes necessary.

*Bring Down a Leg.*—Better to have patient anesthetized before all the liquor amnii has escaped. Pass up the hand with its palm towards the child's abdomen. Support the uterus with other hand over fundus externally. Seize the anterior foot if possible. "By it we can more easily pull the child downward and backward through the superior strait." When legs are extended on thighs so that feet are close to head, pass the hand to the fundus. When you reach the knee press it outward, then push the hand further, and seize the instep or foot, and carry it to the other side and bring it down.

When interference becomes necessary after the breech has descended into pelvis, it is better even then to pass up the hand and bring down a foot; but full anesthetization is desirable, and great gentleness and caution are necessary.

With reference to other methods I have but little to say. Digital traction with index finger hooked into groin, or traction with the soft fillet is sometimes sufficient, and either is quite satisfactory. The blunt hook is dangerous. The forceps is also dangerous and generally useless.

When the child is born as far as umbilicus, pass the finger into the vagina and pull down a loop of cord, but do not waste any time in trying to guide the cord to any particular part of the pelvis, as is generally recommended.

Place a piece of flannel or small blanket or diaper (sterilized) round the exposed part of the child to prevent respiratory efforts which may be induced by contact with the cold air.

*Liberation of Arms.*—The arms are nearly always dragged over the head when traction has been employed.

When the shoulders appear at vulva pass two fingers along the most easily accessible arm to the bend of the elbow, push it backward and bring it across the face to the vulva, first the elbow, then the arm, then the hand. Bring other arm down similarly. Be careful not to press on humerus for fear of causing fracture.

When the shoulders are arrested at the superior strait, an entirely different method is advisable.

Press the body of the child slightly upward and rotate sufficiently to bring the back to one or the other side of mother's pelvis; then elevate the hips toward mother's abdomen, using moderate traction, and try to liberate the posterior arm. Use the hand that naturally faces abdomen of