

appears, to occur again so soon as the water collects into the bladder in sufficient quantity.

4. *The Presentation.*—I now come to the consideration of the principal cause of the vexatious delay in this case:—the nature and situation of the presenting part. As I have previously said, this was clothed in some degree of obscurity, more particularly from the ossified state of the head, the overlapping of the parietal bones to give to the part the wedged or oblong shape to facilitate its engagement into the pelvis, was here absent; and, from the same cause, there was scarcely a trace of the ordinary puffy tumour. Yet with a little care and attention, the sagittal suture, although rather indistinct, could be felt passing diagonally from right to left, and warranted me,—as the further progress of the delivery and the mode of the child's exit demonstrated—to say that the head was in that rather rare, and always more or less *contrary* presentation, the sixth of Ramsbotham, or the fourth of Dewees and American writers generally:—that is, the face looking towards the left groin and the occiput towards the right sacro-iliac symphysis; the right ear—but it could not be felt—to the left sacro-iliac junction, and the left towards the right groin; the posterior fontanelle towards the right sacro-iliac symphysis, while the anterior fontanelle was to be found at or behind the left groin. This presentation, although considered as a natural one, is, nevertheless, always attended with a tardy labour, more particularly if the head is in any degree abnormal as to its size or ossific solidity; and the moment such a position is detected, a little gentle manipulation is required, and will be generally successful, in producing such a change in the head as to better adapt its diameters to those of the pelvis; when, with a few rare exceptions, the remainder of the process may be left to the unaided efforts of nature. Of the various modes recommended for the conversion of this presentation into the second—the only one practicable—the following will not only be found more prompt of execution, but more certain of success:—Let either hand, according to the position of the patient and the convenience of the medical man, be gently introduced in the vagina, and placing the thumb on one of the parietal protuberances and two or three fingers on the other, gradually and slowly elevate the head at the same time that a slight turn is imparted to it, so that the occiput is now opposite the right acetabulum and the forehead to the left sacro-iliac junction. It is not necessary for me to say anything of the mechanism of this new position; the different periods of flexion, engagement, rotation, extension and restitution, any one, in the least, understanding the *modus in re* of obstetrics well knows how, and through what agencies, these necessary motions, for the passage of the child through the pelvis, are effected.

It will, now, be understood that there were in this case two, or at least, certainly, one remediable cause of the delay, and finally of the arrest, of the labour: the faulty position of the head which, as has been demonstrated, could at the outset of the labour have been changed into one where all the chances were afforded nature to complete the process with little, if any further, manual assistance. Again after the position had been rectified, and yet no progress observed in the descent of the head, version may be made according to the ordinary rules laid down for the second presentation, and, conversely, the same process is to be