

recourse to operation, may be hoped for. If the over-lapping be great, delivery of a living child, either spontaneously or with the aid of forceps, will be impossible. In the latter instance resort should be had to Cesarean section unless there is a likelihood that the patient is infected. In certain cases also pubiotomy may be the operation of choice. If the patient has been frequently examined, and especially if attempts have been made at delivery without the strictest precautions, craniotomy, even on a living child is justified.

When, from the absence of or slight degree of over-lapping, there is reason to suppose that delivery can be effected, the patient ought to be allowed to continue in the second stage for several hours. There should be no arbitrary limit to the duration of the second stage of labor. There can be no question that very considerable harm has been done by much of the teaching in the past that the second stage of labor must not be allowed to extend over a certain number of hours. So long as the mother is not becoming exhausted, the lower uterine segment not thinning out, and the fetal heart not becoming slow, labor may be allowed to proceed. As we have shown, a very large percentage will terminate spontaneously. In others forceps can be applied with ease and safety after the largest diameter of the head has passed the brim, and the head become fixed and moulded in the pelvis. In the flat pelvis this engagement of the head is greatly helped by placing the patient in the Walcher position.

The advantage of allowing the head time to mould and become fixed is well known by a type of case sometimes admitted to our Obstetrical Hospitals. The case where an application of forceps has been made by the practitioner in the patient's home without success. The patient is transported to the hospital; there forceps are again applied, and a fairly easy delivery effected, not because of any special skill on the part of the operator, but simply because further time has been given for the head to mould.

If, after a number of hours, the head fails to engage, a tentative application of forceps may be made. In some cases a moderate amount of traction may bring it down through the brim. No excessive force must be exerted, for it can only result in the death of the child and extensive laceration of the soft parts of the mother. If the circumstances are favorable pubiotomy may be performed; if not, craniotomy is the likely alternative, as Cesarean section under such circumstances may be contra-indicated, owing to the risk of infection.