once from asphyxia, or within a few days after birth, from lobular pneumonia,—viz., atelectasis pulmonum.

From these causes the fœtal mortality in head-last labors is large; so large as to be an opprobrium to the profession. From the statistics of fourteen of the most skillful of British obstetricians, Churchill shows that they lost very nearly one child in every three. In ordinary breech-cases Hodge rates the average of still-births at thirty-three per cent. According to MM. Capuron and Cazeaux, in the more difficult cases from sixty-six to seventy-five per cent. perish. Said the late George T. Elliot (*Obstetric Clinic*, p. 347), "I always regret to meet a pelvic presentation in my practice, for fear that the child may not be born alive." In more or less vivid language, the testimony of this very distinguished obstetrician is sustained by all the authors of our text-books. Since, now, these statistics represent the experience of the most skilled specialists, of eminent teachers, of men who, by a large private and hospital practice, reached an unrivalled dexterity in their branch of the profession, it stands to reason that in the practice of the profession at large the average number of head-last still-births must be very much higher. For this mortality fifty per cent. is, I think, a very low estimate. But, mind, in the above statistics no account whatever has been taken of post-partum deaths from enfeebled vitality or atelectasis pulmonum, so common in the infant after this kind of labor. This loss in itself is so large that it must not be overlooked. Since, therefore, pelvic presentations occur about once in every fifty cases of labor, it follows that in every thousand labors a practitioner attends he will, from this cause alone, meet with at least ten still-births and several deaths within a few days after birth.

In view of these facts, the objects of this paper will be to search out the best means for shortening the duration of this kind of labor, for preventing the death of the child, and, as a conjoint consequence, for giving the physician a greater confidence at the bedside of his patient. These ends can, in my opinion, be best attained by classifying pelvic presentations under the head of preternatural labors. For, since a name misleads, if we include them under natural labors, as is customary, we shall be less likely to render the often-needed help.

For shortening the first stage of head-last labors I have found nothing equal to the hydrate of chloral. Given every half hour in doses of from ten to fifteen grains it promptly relaxes the most rigid cervix. In head-first labors the early rupture of the membranes usually hastens on the process of dilatation; but in head-last labors this means should never be employed. For obvious reasons it is of vital importance to keep the membranes intact until the os is fully and wholly open. If after the completion of the first stage of labor there is much delay in the descent of the breech, no better directions can be observed than those given by Barnes. The chest, shoulders, arms, legs, and sometimes the head of the child, all act conjointly in forming the base of a wedge, whose apex is represented by the breech. The apex engages, but the base being more bulky than the brim or the lower segment of the womb, forbids further descent. By bringing down one leg, and preferably the one nearer to the pubic arch, this wedge is broken up, and the further progress of the labor placed under the control of the physician. He should, however, make no further traction on this leg unless it is loudly called for, and then only during a pain, lest the arms should become extended. From a pretty large experience, I can confidently recommend this operation in all cases attended with delay. Nor should it be for a moment postponed after the heart-beats of the child become feeble. When the breech has descended so low as to preclude a resort to this operation, then, of course, the canonical methods of traction on the groins may be employed. But I really cannot understand why the gentle use of the forceps on the pelvis of the child is deemed more hurtful than that of the blunt hook in its groin. The pain that delivers the breech should be supplemented by traction or by supra-pubic propulsion, so that the arms and shoulders may also, if possible, be expelled at the same time. A loop of the cord must then be drawn down, so that its spirally-coiled vessels may not be constringed by being straightened out.

The breech being born, the uterine and abdominal muscles are in a great measure shorn of their expulsive power, and that at a time when most needed. The life of the child being now imperilled, its rescue is the next important consideration. From the mode of its death,—viz., from asphyxia,—it is plain that a prompt delivery is the only life-saving factor. Delay here means death. One of five minutes time may be one minute too much. Hence there must be no waiting for the manifestation of such danger signals as feeble pulsations in cord, or convulsive jerks of the limbs; no loitering for a pain to begin, for the arms to come down, or for the head to become moulded. The proverb *quieta non movera* has here no application whatever. The physician should urge the woman to bear down; but if these efforts prove unavailing, he must hasten to bring down the arms, and at once proceed to the forcible extraction of the child. I say this advisedly, for, although our text-books teach otherwise, I am sure that in nine-tenths of breech-labors it is inaction and not traction that kills the child. Fettered by sentimental conservatism, or by an allegiance to traditional technics, the physician folds his arms, when, had he as many hands as a Hindoo deity, they should all be nimbly at work. Never shall I cease to regret my first breech-case of labor, in which, fearful of breaking the cannons of obstetrics and the child's neck as well, I let the only child its mother ever bore die before my eyes. So needful to the welfare of the child do I deem its speedy delivery to be, that were an arm so impacted as not to be safely released without a probably fatal delay, I should not hesitate to break it, or, at least, to run the risk of breaking it. Nor do I stand alone in advocating this heroic treatment. It is upheld by such excellent authorities as Braun and Schroder.