full anesthesia, rotated the shoulders by one hand in the uterus and delivered without laceration at all.

The difficulties which arise in connection with this condition are:

1. *Diagnosis.*—This should be made early in labor by means of abdominal palpation. When the back is to the right, one always suspects that the occiput may be posterior. When the fetal heart can be heard at all, its point of maximum intensity is usually far out in the flank. When the head, however, gets low down in the pelvis, the fetal heart sounds are usually heard most distinctly over *chest* of the child, *e.g.*, in R.O.P. the heart sounds are heard best to the *left* of the middle line of the abdomen, and above the middle line of Poupart's ligament. In making a vaginal examination do not trust to the sutures. They are often obscured by a large caput. Feel for an ear, and its lobe will give the direction of the occiput. The anterior ear is often more easily reached than the posterior.

2. *Dry labor*, whether from oligohydramnios or from early rupture of the membranes, is a very frequent accompaniment of these labors, as was pointed out two years ago by Prof. Adam Wright. This complication generally prolongs labor and increases the danger of laceration and septicemia, besides rendering rotation more difficult.

3. *Rotation by hand.*—The development of this manœuvre has been by three stages. First, the finger alone was introduced into the vagina and the occiput rotated to the front by pressure with the finger up behind the posterior ear. I am convinced that this could only be successful in cases which would soon have righted themselves unaided. Emboldened by the success of antiseptic precautions, the next generation passed its whole hand into the vagina, grasped the head and rotated it, rotating the shoulders by a hand on the abdomen. I have found this method uncertain because you cannot be sure of rotating the shoulders in this way; also the firm grasp of the head necessary depresses the bones of the skull.

Lastly, there is this method of rotating by grasping the shoulder within the uterus and rotating the body. The head is then easily turned as the hand is withdrawn. This method I have found uniformly satisfactory. In R.O.P. the right hand pushes the posterior shoulder outwards and backwards; in L.O.P. the right hand pushes the anterior shoulder inwards and to the front. I always use the right hand because it is the one which is to guide the first blade of the forceps. If you use the left hand and then withdraw it to insert the left blade, the head rotates back.

4. *Pressure on head* by forceps is directly proportionate to the amount of force necessary to deliver. One of the com-