ing into my hands through the absence of the attending physician, and being so far gone as to be dead in about fifteen minutes after I saw her.

The fatal miscarriage was self-induced—a typical malignant case of septicemia—help not summoned until case was hopeless. With this explanation concerning my fatal cases, I can safely claim that my methods are not at fault, and excluding these, have yielded uniformly satisfactory results.

Then, first, as to position. I have found the lateral best for all purposes. To begin with, the patient is less exposed, and even the most unrefined woman appreciates attention to this detail. In using forceps everything is in favor of this posture. Absolutely no assistance is required, except in fat women, to lift the thigh as the handles sweep forward. It is easier to pull in the axis of the brim than with the patient on her back, and it is easier to judge this axis correctly than when the dorsal position is used. The perineum is in sight and under absolute control, hence one can look for the minimum of lacerations. But the chief advantage of the lateral position, when forceps are used, is that it is possible to use leverage in the line of traction, instead of doing as so many do, pulling with all their might one way, with a couple of women pulling the other, to prevent the doctor pulling the patient all over the bed. If the following technic be carried out the operation is shorn of its appearance of brutality, more force can be used with less effort, and all dangers from slipping are done away with, as the forceps can slip only an inch or so. The forceps are applied in the ordinary manner, the handles brought back into the line of traction desired, or as near to it as possible, and then grasped firmly by the right hand, with its ulnar edge next the buttocks. Only moderate traction is made with this hand, its chief use being to compress the handles, and thus grip the head firmly during extraction. If the head be high up, the lock is at the vulva, the hilt of the forceps just outside. Traction is then made by the right hand sufficient to allow the left hand to grasp the shanks of the forceps below the hilt, with the ulnar side of the hand against the vulva. The lever consists of the forearm, wrist and hand, the fulcrum being at the wrist where it rests against the buttock, the long arm of the lever extending from this point to the elbow. Force exerted by gradually throwing the weight of the body, through the arm, on to the elbow, gives an advantage of about three to one, the long arm of the lever being about three times that of the short arm; hence, twenty-five pounds pressure gives you seventy-five pounds pull. This is combined with traction in the axis required, by both hands giving all the force needed with the least effort. In addition, the direction of the force exerted at the fulcrum prevents the patient being pulled about. When the head advances an inch, or the forceps slip, the power of the leverage is lost until