

if he used one hand only externally. When the chin is anterior and stays over the symphysis, he first pushes it backwards clear of the symphysis and then delivers as above described. After decapitation, he says that expression of the head is alone sufficient for delivery.

*Olshausen* prefers the older methods, but insists that the essential point is to pass one finger only into the child's mouth, and not two. He prefers the middle finger, which is longer and passes easily back to the base of the tongue; pressure by means of one finger carried well back has more effect upon the base of the skull and brings down the chin. When this has been accomplished, traction brings the head down into the pelvis. When an assistant is available, he thinks it better to have him make the external pressure with both hands, while the operator manipulates the chin. The assistant should make pressure with the flat of both hands and not with the fists, and thus considerable force may be used without injuring the uterus.

*Strassmann* raised the question whether it is better to grasp the head externally and make downward pressure upon it alone, or to seize the fundus and press down the uterus and placenta as well as the head. It is better but more difficult to grasp the head alone, and he has succeeded sometimes by seizing the fundus when he failed in the other manœuvre. When the chin lies forward over the symphysis, it should always be pushed over to the side or backwards before downward pressure is made.

*Henkel* does not consider it necessary to have the chin always backwards, but at least it should be diagonal before pressure is made upon the head.

*Schülein* considered it of the utmost importance to have the head in the oblique diameter of the pelvis before external pressure is made with both hands. He tries to press the occiput down deeper, so that extraction may be more easy.

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