danger of forceps slipping, particularly in occipito-posterior cases and in applying forceps at the pelvic brim. If the forceps are applied well over the head and traction made in the right direction they will not slip,—at least, they have never done so with me. Some years ago while delivering a patient I had this forcibly brought to my notice. The patient, a large, stout women, had been in labour for several hours, with liquor amnii long drained away and the head still at the brim. I applied the forceps with the patient in the dorsal position in bed. The head was so far up that I had the nurse separate the labia so that I could lock the forceps within the vagina. The forceps slipped, and did so a number of times. I took time to think the matter out, when I saw that I was simply applying the forceps and pulling them off over the rounded occiput. I then had the patient laid across the bed, with her feet on two chairs and buttocks brought to the edge of the bed. I applied the forceps and made traction in the direction of the inlet, which I could not do while the patient was lying in bed in the usual position. Delivery was quickly effected, but with the child's scalp scratched in several places. I have never since had the forceps slip or cut a child's scalp.

Fortunately, there is not now so much prejudice against forceps as formerly. When properly used the danger is almost nil, and the benefits are great. There is beyond doubt less danger of harm with forceps in suitable cases than the continuous use of chloroform. I have for years made it a rule not to give chloroform, if possible to avoid it, until the os is in a condition that forceps could be applied. So, as soon as I conclude to give chloroform, I get the forceps ready, viz.: I make them aseptic; then plunge them into a jug of boiling water, and leave them there till wanted.

In counting back my last hundred cases, I find I have delivered thirty-five of them with forceps, and I would have delivered a number more except for the prejudice of the patients themselves. The danger from septic trouble from forceps must be very slight. I have had but two cases of septic trouble in my twenty year's practice, and in one of these I did not use forceps. The other case I had good reason to attribute to auto-infection.

Regarding occipito-posterior positions; Grandan and Jarman, in their work on Obstetric Surgery, page 85, say: "It is the general opinion among obstetricians that few abnormalities produce a more difficult condition to terminate successfully than those cases where the occiput has rotated posteriorly and is wedged in the hollow of the sacrum." T. Griswold Comstock, M. D., Ph. D., Master in Obstetrics, Vienna, in the "Medical Summary" for April, 1900, in speaking of occipito-posterior positions, says: "An accoucheur may have practised a score of years and never met with such a case; but when such an abnormal confinement falls to him, before his patient is safely delivered he will realize the tediousness and danger of the delivery." Also, in speaking of cases which fail to correct the position spontaneously, he says; "Then the practitioner has a serious problem, and before it has been solved by a safe delivery for both mother and child he will have gained an experience that he will never forget through his whole after life."