

condition of the cervix ascertained with the gloved hand. As cervical tears are responsible for a great many deaths, and as it is better to avoid artificial dilatation and accouchement forcé, with the gloved hand a foot can be pulled down slowly. As the leg descends it has three effects: 1. It stops hemorrhage; 2. Dilates the cervix; 3. Stimulates the uterus. When the breech has entered the cervix it is well to let it stop there; only maintaining such traction as will prevent hemorrhage. How long has the breech to remain there? Until it is delivered spontaneously, which, of course, involves usually the death of the child. If, for any reason the child requires to be delivered quickly, then it should be accomplished partly by traction and partly by suprapubic pressure.

Now if, when the packing is removed, the cervix is not dilated, then a reapplication of the pack should be made. When this has been removed for the second time there may be sufficient dilatation of cervix to allow of the manipulations above described. If artificial dilation be required, the safest method is Harris' method, by means of the fingers. If a living child is specially desired recourse can be had to the Champetier de Ribes bag. It has these disadvantages: It is not always at hand, except in the hospital; from want of constant use in private practice, it gets hard and brittle, and is then easily ruptured; it has an obvious means of infection. The method of delivery in the half-breech is both safer and easier than the bag.

A very large number of cases of low attachment of the placenta can be dealt with simply by rupture of the membranes, and either spontaneous delivery or delivery by means of forceps.

Even after the child has been successfully delivered, the placenta requires to be artificially delivered. This involves a very considerable post-partum hemorrhage, and it is probably the case that more women succumb to post-partum hemorrhage than the hemorrhage associated with placenta previa.