

posterior, and five times as many are occipito right rather than occipito left.

In discussing the diagnosis, I emphasize the fact that no doubt should exist in your mind whatever. You cannot doubt that you doubt, and you must be positive. Most of the delay and suffering is caused by delay in making diagnosis. You cannot be positive of your diagnosis in making it in the ordinary way. Palpation will give you important information. Never omit palpation, for it is a ready means of making a quick examination and forming an opinion, afterwards to be confirmed or disproved. I will not follow the diagnostic points gained by palpation. They are familiar to you all. Vaginal examination is of great value, but sometimes of very little value here, especially if case is delayed and labor has been in progress for some time, because the head undergoes marked change in shape, i.e., it is lengthened from chin to occiput and compressed in other directions, and the ordinary landmarks are obliterated. However, we should all make the vaginal examination, and should all know exactly what to feel and where to feel it.

As the right occipitio posterior exist far more frequently than the left, we will confine our discussion to the right, as the reverse obtains for left. Now what attracts your attention first :

1. There is something wrong; the familiar points are not present, or, if they can be felt, they are not in usual place.
2. The small fontanelle points to the right sacro iliac point.
3. The saggital suture lies in right oblique diameter.
4. Large fontanelle is pointing to the left ilio pectineal eminence, either high or low.

All this is very fine, but if you cannot distinguish the small fontanelle from the large one; if you cannot be sure which way the saggital suture runs, you may find the large fontanelle very low, or it may be very high, so that it cannot be reached. Usually it is very low, for in these cases there is very poor flexion. Then doubt exists, labor is not advancing, the woman is becoming exhausted, the relatives are saying, "Doctor, can't you help her? Don't let her suffer." Here the obstetrician is in a dilemma. Gentlemen, I never wait; I always make sure of my diagnosis. I leave no doubt in my mind about exact position of head. I give chloroform and put up my hand and find posterior ear, which removes all doubt about diagnosis, and leaves you ready to carry out the correct line of treatment. For you cannot treat correctly except you diagnose correctly. Before referring to treatment, however, permit me to draw your attention to position and mechanism. The head will be obliquely posterior, and it will either rotate anteriorly