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from the change in the mother's position is the contained in the position of the fetus. The movement aparts which it is desired to bring into better reach of the accoucher, is thus imparted by the latter; in the second place, the inner hand will be able to draw the desired fetal parts towar the operator by appropriate manipulation. If the further action of an extremity which may be suitable for traction: reaching, for instance, in difficult arm liberations the wrist joint vi the brachium, elbow and lower arm; or in difficult podalic version reaching the ankle joint via the thigh, knee and leg.

The same object is generally attained more easily if th outer hand pushes the desired fetal parts toward the inner on (Compare hands working conjointly in combined version or in version with internal manipulations; also in the removal of abortive ova and placenta, where the accommodating pressure of the parts is supported by the outer hand, this combination plays an important role.)

Although in these operative movements both mother and child may participate, the physician is the only originator and conductor of the same.

Each operative plan has its soul or leading thought. This is carried into practice by both hands of the operator, one being usually not sufficient for the purpose. In case of need he will have recourse to changing the position of the patient. Although both kands usually contribute to the success of the work, the inner one will—as is the case in most bimanual operations become the leader, as it may clearly incorporate the soul of the plan. Its movements serve as a guide to the outer or auxiliary hand in order to allow the latter to enter into successful action at the critical moment. The former may thus very well be called the main hand, and the movements executed by it the main movements.

As auxiliary movements in an extended sense may be regarded the changes in the position of the fetus produced by the auxiliary hand, the reposition of the mother, and finally her assistance in the way of pressure.