yet I believe firmly in the time limit, although I do not depend upon that alone. I also doubt whether any one at the Rotunda, St. Mary's or Queen Charlotte's depends on the time element alone.

A few weeks ago I saw a patient in consultation with a very competent and careful young practitioner. The parts, I was informed, had been fully dilated about eight hours. The doctor was trying to reach a conclusion whether or not the time had arrived "when the danger of interference had become less than that of leaving the patient alone." The patient, although tired, was not suffering acute pain. The time limitation, if observed, would have prevented such a serious mistake.

I think the maximum duration of the second stage should be three hours for primiparæ and two hours for multiparæ. This does not mean that in all cases one shall wait for the three or two hours; but it does mean that in no case shall he wait any longer. In a large proportion of cases it is neither necessary nor advisable to defer the application of the forceps for more than one hour after full dilation of the cervix, vagina and vulva. "When the passages are in a fit state and nature fails to advance the head, apply the forceps" (Simpson).

The lithotomy position for the patient is generally used in Canada, the United States and the Continent of Europe. We think it is much better than the left lateral, especially in cases of difficulty. We sympathize with those who object to undue exposure and cover the parts as well as possible.

It is generally advisable to fasten the thighs in the flexed position. I generally use for this purpose Robb's leg holder. One end is fastened to one leg below the knee. The rest of the band is passed over one shoulder, across the back, under the other shoulder and the other end of the band is fastened to the other leg below the knee. The old-fashioned sheet sling is also quite satisfactory.

The object of Tarnier in making his axis-traction forceps was to have it so adjusted that the force in traction should always lie in the true axis of the pelvis at all its planes, and that no part of that force should be either wasted or used in such a way as to cause injury.

We can understand a part of this better by considering the action of the ordinary long forceps when applied at the superior strait. The axis of the superior strait points towards the lower part of the sacrum. The perineum, the coccyx, and a small portion being in front of the axis of the brim prevent the handles from being pushed back sufficiently far to allow direct traction. Consequently part of the force of traction is wasted in dragging the head against the symphysis pubis. This defect in the ordinary long forceps was clearly recognized