plied only 38 times. Thirty-nine out of a total of 68 semi-private patients in the same hospital were delivered by the forceps operation.

Given certain conditions, there can be no doubt that a timely application of forceps saves the mother much suffering, whilst exposing her to a minimum of immediate injury and later morbid processes, and is not prejudicial to the child. The conditions necessary are that the presentation be a normal one, that there be no disproportion between the pelvis and the fœtal head, and that the head be engaged and well moulded. Under such circumstances labor would be terminated naturally if it were allowed to proceed, but we think it right to interfere in the belief that such interference will result in less injury than would otherwise occur. Provided a rigid aseptic technique is followed, there is practically no danger. If circumstances are such that rigid asepsis cannot be observed the case is better left to nature. That the head is engaged and well moulded implies that the second stage of labor has been in progress for some time. The moulding of the head is a most important factor in the mechanism, and its absence may make all the difference between a difficult and an easy forceps delivery.

When we have to deal with a case in which there is disproportion between the pelvis and the fœtal head we are faced with a difficult problem. We must be guided by the extent of this disproportion rather than by pelvic measurements. Years ago Barbour pointed out that "the fœtal head is the best pelvimeter." Müller showed us the importance of gauging the size of the pelvic inlet by pressing the head down into it, and later Munro Kerr described his method for ascertaining if there were any over-lapping when this was done. Kerr's method is to anesthetise the patient, press down the head into the pelvic brim with the left hand, and with two fingers of the right hand in the vagina estimate the amount of engagement, and then ascertain the degree of over-lapping by palpating with the thumb along the pelvic brim.

Careful pelvic measurements must be made in every case, as from them we can form a rough estimate of the amount of difficulty likely to be encountered, and in the major degree of pelvic contraction get a definite indication for the best line of treatment. A conjugate diameter of less than three inches is an absolute indication for the performance of Cesarean section if a living child is to be born. It is in the pelvis with a conjugate diameter of between three inches and three and three-quarters