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POSTERIOR OCCIPITO PRESENTATIONS.

By J. R. McCABE, M.D., STRATHROY, ONT.
Examiner in Obstetrics for Ontario Medical Council.

One of the most important changes in obstetrics during the past quarter of a century has been the swinging of the pendulum or centre of gravity from suffering woman to the relief of that suffering by the use of chloroform and forceps, and though some women require neither chloroform nor forceps, yet many do, and no practitioner now takes charge of a case without a supply of chloroform and his favorite instrument ever ready when occasion demands.

Probably no presentation of all on our list will require chloroform and forceps as often as posterior occipital, and no presentation will give the woman so much pain and the obstetrician so much anxiety as this same presentation.

I say pain for woman, for in the first place the pains are strong and regular, which causes continual suffering, or the pains are weak and irregular, or both, which causes great delay, and the case is prolonged three or four times longer than an ordinary case. And the anxiety to the obstetrician is caused by the great delay, but principally by his doubting his own diagnosis; hence, in discussing this paper this afternoon, if we can remove these difficulties and give clear-cut and decisive views on these two points—diagnosis and treatment—we will have accomplished the task allotted by this association and have rendered service to every practitioner in attendance, since about 17 per cent. of cases are occipito