

On auscultation I discovered that the child was still alive. I recommended the administration of ergot and stimulants at once in the ordinary doses, I also advised a hot *foot bath*, &c. By these means we succeeded in reviving the pains moderately in about three quarters of an hour.

I then directed the patient to lie on her left side, which was the most favorable position for the object of my proposed treatment, and having oiled the back of my right hand, I introduced it into the vagina, raised up the shoulder, and in order to raise the shoulder completely out of the pelvis, I allowed two fingers to follow the shoulder into the uterus. At the same time I manipulated with the left hand externally, so that through the conjoined manipulation of the right hand internally, and the left externally, together with the postural assistance, I succeeded in bringing the head into the excavation of the pelvis, I was then prepared to apply the forceps, but the irritation produced by the hand had stimulated the uterus to such activity that the child was expelled in a few minutes without the aid of instruments.

The child was delivered alive, and both it and the mother are doing well.

The post partum hæmorrhage was rather alarming at first, but by the ordinary treatment it was soon stopped.

I am firmly of the opinion that the routine practice of turning and delivering by the feet is totally uncalled for in the majority of shoulder presentations, especially when the diagnosis is made early, before the amniotic fluid has escaped. The following are the reasons why I would recommend the above as the better treatment:

1st. It is natural for the head to be born first; hence when we procure podalic version we pervert the law of nature.

2nd. We have a much better opportunity of saving the life of the child than podalic version would afford us. We should not forget for a moment that we have the life of the child as well as the mother under our care.

3rd. The whole hand does not require to be introduced into the uterus, as it generally does in podalic version, hence there is less danger of rupturing or otherwise *injuring the uterus*.

4th. When compression of the head or traction is required we can apply the forceps with much greater facility.

5th. We have a much better opportunity for mutilating *when that becomes necessary*.

6th. The danger of post partum hæmorrhage is decreased.