the transverse diameters of the pelvis become diminished, whilst the anteroposterior become increased, as the outlet is reached. Then the forehead is forced towards the hollow of the sacrum by the increasing pressure between it and the postero-lateral pelvic wall, a pressure which increases progressively as descent continues.

The persistent occipito-posterior positions are then discussed. In these cases the vertex is forced to occupy a more anterior position nearer the symphysis. The shunt forward of the coccygeal muscles is resisted by the chin which is in contact with the fœtal chest, thus the forehead is compressed somewhat obliquely upwards against the upper part of the antero-lateral pelvic wall. Further descent of the forehead is prevented by the vertex being projected forward in its descent along the inclined plane of the pelvic floor. As a result of these forces and because the transverse diameter of the pelvis is greater than the antero-posterior at the level which the forehead occupies at this time, the latter is compelled to rotate posteriorly by the resultant of these forces. These movements are well illustrated by the means of diagrammatic drawings.

Eventually the forehead rotates into the hollow of the sacrum while simultaneously the occiput turns to the front.

Considerable space is devoted by the author to prove that the forehead does come into relation with the antero-lateral wall as is mentioned above.

In conclusion he states that the factors concerned in causing rotation are:—

(1) the expulsive force from above; (2) the obstructing, central fixing force from below; (3) the shape of the pelvis; (4) the shape, size, consistence and position (flexion) of the fœtal head.

B. Kronig: "Zur Behandlung der Placenta Prævia." *Zent. f. Gyn.* No. 46, 1908.

Hitherto version or the use of hydrostatic bags have been the usual treatment of placenta prævia and these have given on the whole remarkably poor results, a maternal mortality of 6 to 10 per cent. with a fœtal mortality of from 60 to 80 per cent.

Most of these fatal cases died of hæmorrhage, only a relatively small percentage having become septic. Cases have suffered a blood loss in spite of the use of the tampons, of 100 to 1200 c.c.

If the mortality of placenta prævia is to be reduced in our clinics we must learn some method of controlling the hæmorrhage which would be an improvement over those at present in vogue. The hæmorrhage in placenta prævia, especially that occurring in the