

complete anæsthesia I passed my hand into the uterus, pushed the head above the brim, gave it a quarter turn into the O.L.A. position, producing flexion at the same time and passing the shoulder with one hand outside and one within, so that the shoulders would correspond to the new position of the head. Forceps being applied, delivery was easy and rapid. Puerperium normal.

Mrs. T——; multipara; aged 33; pelvis narrow in front. Had always had difficult labors, but anterior presentations of the occiput until this time. Labor pains commenced April 24th, and lasted off and on until the 27th, when I found the os dilated, membranes ruptured, presentation O. L. P. above the brim and with no tendency to engage. Called Dr. J. Lesslie, who gave chloroform and also examined to verify my diagnosis of the presentation. Under complete anæsthesia I pushed the head up clear of the brim, turned it occiput to the left front, flexed the head, and rotated the body of the child on its axis so as to correspond to the new position of the head. Without withdrawing the hand I passed the forceps along its palmar surface, in this way being sure that the head did not rotate back to its old position. Delivery was easy and rapid. Recovery uneventful.

May 12th, 1896. Mrs. O——; primipara; attended by Dr. J. Russell, who had been with her about twelve or fourteen hours. On being called I found the os dilated, membranes intact—presentation bregmato cotyloid. In this case it is possible that the head might have turned itself if the woman could have borne the pains long enough; but as the parturient canal was large enough, and the strength of the patient was nearly exhausted, I advised immediate delivery. On complete anæsthesia being produced, I ruptured the membranes, pushing the hand at once up, giving a quarter turn to the head, and producing flexion. The body of the child did not rotate completely. When pulling with the forceps I found that the head would not come down readily; it had rotated back to its faulty position. I removed the forceps, introduced the hand, turned the head again to the O. L. A. position, made sure that the body followed completely to the new position, reapplied the forceps, and delivered without any undue force. This case illustrates very well the facility of delivery in the O. L. A. position and the difficulty of the O. L. P.

The cases above cited are enough to illustrate the method of manipulation which I consider to be the best. And again, whilst thanking you for listening to my remarks, I remind you that nothing new is claimed. You will find everything I have said in the various recent journals, and indeed very much of it in some of the old and discarded obstetrical works. The chief point which I wish to bring