he claimed for Dr. Wright, of Ohio, the credit of the plan of version by the combined external and internal method. This has called forth a letter from Dr. J. Braxton Hicks, of Guy's Hospital, London, published in the *Am. Journal of Obstetrics*, in which he refutes this statement, and claims for himself priority in regard to this plan; and states that Dr. Wright, according to his own published statement, only used the internal hand, not even mentioning the *external one*. The distinctive point of the plan introduced by Dr. Braxton Hicks, is, that *both hands are used together*, one supplementing the other, so that, when the internal hand begins to lose power, the external one gains power, and *vice versa*.

This principle was applied by him to both partial and complete version, and it is a curious fact that, in the practice of neither German nor other obstetricians, has the use of both hands simultaneously been described. The only use of the external hand has been, hitherto, to steady the uterus, to prevent recession. He also claims that, before his description, no author had described complete podalic version, without passing the hand internally, with both hands, in such a manner that one might choose which pole of the fœtus should be made to present. According to his plan, he requires only to pass one or two fingers into the os, and bring the head, by the external pressure and internal fingers, down to the os, and retain it there till the gentle uterine contractions have confirmed the new position. The following case is from Braxton Hicks' work on External and Internal Version, Case 16. "In this case, premature labor had been induced at the seventh month for contracted brim. At about thirty-six hours after the introduction of the sponge-tent, the membranes rupturing, I was summoned, and found the os uteri the size of a crown-piece, with the back of the thorax presenting. *On passing the two fingers into the os uteri and placing the other* externally on the lower part of the abdomen, I was able to make out the head lying toward the right side. By pressing it downward from without it impinged upon the two fingers within the os, and thus the head could be moved about at will, and was placed at the os uteri. It was then observed that the funis had passed down by the side of *the head. I instantly replaced it by the internal hand and pressed* the head into the os with the outer hand, which was done with great ease. By continuing the pressure for a half-hour, the funis was permanently kept up and the head remained firmly in the natural