

into O.L.A. or O.R.A. as the case may be. The body of the child may be rotated also if necessary, but this may not be required in every case as the amount of rotation of the head is not great. This all sounds very easy, and indeed it is often as easy as it seems if due judgment is used as to the time of interference. If the malposition is suspected, and if the membranes are left intact until we are ready, the moment the patient is completely under the anæsthetic the hand is inserted, the membranes ruptured, the hand pushed on at once before the liquor amnii has had time to flow away, and the head may be grasped and turned. There are cases where the parts are dilated and the waters have escaped. Perhaps our assistance has not been sought until the head has become jammed into the pelvis by fierce pains or by ineffectual efforts at extraction with forceps in the hands of unskilled attendants, for we are forced to admit that such exist though fortunately they are rare. Even where such unfavorable conditions exist, if we take off all pressure from above by the full use of chloroform—which, of all anæsthetics, I prefer in obstetric cases—the head, and in fact the whole body, of the child may be pushed forward and rotated into a favorable position, and held there whilst the forceps are applied by pushing a blade along the palmar side of the hand—then the forceps are correctly applied and locked without undue haste or delay. By way of illustration, I may be allowed to quote from my note book short accounts of my O.L.P. cases in private practice since January 1st, 1896.

February 19th, 1896. Mrs. H——, aged 27; normal pelvis; second pregnancy. Had a considerable amount of mitral stenosis, and during the period of gestation her suffering from palpitation, cough, shortness of breath and congestion of the lungs gave her great distress and caused much anxiety to her medical attendant. I need say little of this case. The chloroform was administered by Doctor Allen Baines. It acted like a charm, steadying the heart's action and giving fulness and strength to the pulse. The presentation was occiput to the left posterior, with full flexion. As soon as anæsthesia was complete the difficulty was over and the head could be turned in any direction.

February 20th, 1896 Mrs. O——; multipara; healthy. Some years ago she had a ruptured perineum and rectocele, which I repaired, and the repair stood the test of this labor. I saw her during the early part of the night of the 19th, but at the time could not be sure of the presentation. Labor was tedious. At 8 a.m., the os being dilated, I found an O.L.P. presentation. I again called upon Doctor A. Baines to verify the position and to give the chloroform. Under