patient to extend the legs and thighs in order to slacken the tension around the vulva. This tightening is still more apt to occur when the thighs are fastened in the flexed position with some form of leg-holder. It is extremely important therefore to observe the following rule :

As soon as the head commences to press on the pelvic floor remove the leg-holder and allow extension of the thighs, *i.e.*, allow the legs and thighs to hang over the edge of the bed or over the end of the operating table towards the floor. In an ordinary bed the patient's feet may rest on the floor while the nurse keeps the thighs separated by holding the knees outwards.

While Milne Murray generally employs traction during the pains, he refers to one group of cases where a different plan should be adopted. It sometimes happens, especially in elderly primipare, that every uterine contraction when the head is low is accompanied by spasmodic action of the muscles of the pelvic floor which narrows or tightens the vulvar orifice and causes rigidity of the pelvic floor and perineum. In such a case deepen the anesthesia and employ traction only during the intervals between the pains.

As I have before intimated, I think, in the majority of cases in the high and middle operations, your blades will generally grasp the head obliquely.

As soon as the position of the blades shows that rotation of the head has commenced, remove the blades, reintroduce and readjust them. Otherwise do not remove the forceps until after complete delivery of the head.

During the delivery of the head, even while it is passing over the perineum, continue to pull on the crossbar without regard to the application handles.

Many, if not most, obstetrical authorities in the United States only use the traction rods in high and mid operations, some only use them in the high operations.

Some authorities, both in Great Britain and the United States, relax the fixation screw during the interval between making traction.

Chloroform. Operative interference adds a new element to labor. You know that chloroform may be administered in two different ways: 1. To the obstetrical degree. 2. To the surgical degree. The obstetrical degree being generally sufficient in normal labor, the surgical degree being generally necessary for operative procedures. We may consider that the latter rule applies to forceps delivery, although not for the same reasons which prevail in the operations.

The application of the blades of the forceps and traction during uterine contractions causes little or no extra pain. We