medical attendant has failed absolutely to appreciate this. Most of these cases have been examples of contracted pelvis or impacted shoulder presentation. It would appear as if the accoucheur considered it a disgrace, not only to his obstetric skill, but to his physical powers, if he fails to effect delivery by forceps or version, and so he has recourse to unjustifiable force. As I shall point out in the following pages, the employment of extreme force is almost always wrong; it may often be followed by no trouble—indeed, it may even appear to be quite successful—but in hundreds of cases it results in more or less serious consequences, and it is absolutely unscientific. It generally means that the operation is unsuitable or is being badly performed. I cannot deny that occasionally one is compelled to exert considerable force in exceptional circumstances. These circumstances, however, will be referred to in their proper places. Here I would only remark that when an undue amount of force is employed in the extraction of the child it should only be exerted in the interests of the child. If the child is dead or dying, delivery should be completed by diminishing the bulk of the child by embryulcia. It is quite profitless to drag a dead child out of the parturient canal with difficulty, when by performing craniotomy one could extract it with great ease. In a difficult labour, therefore, the accoucheur must carefully observe the condition of the child. He must never sacrifice it, if, with safety to the mother, he can save it, but he must effect the delivery in the easiest manner should it succumb.

Naturally, the relative claims of mother and child frequently require to be considered in cases of dystocia, and nothing taxes so much the judgment of the accoucheur as giving each its proper place, for their interests are often antagonistic. Let me illustrate this by two simple examples. In placenta prævia by rapidly dilating the cervix and extracting the child a large proportion of children will be saved, but by doing so one subjects the mother to very great danger; on the other hand, by bringing down a foot, one does the safest thing for the mother, but not the best for the child. Again, take a case of contracted pelvis where labour has been allowed to proceed to an advanced stage and many vaginal examinations have been made. If the child is still alive, Cæsarean section will almost certainly result in its life being saved, but the danger of sepsis to the mother is enormous, while if craniotomy is performed the child will be sacrificed, but the mother probably rescued. Only experience and a quiet consideration of all the circumstances will teach the obstetrician how to act No hard-and-fast rules can be laid down, and different obstetricians, of equal ability, knowledge, and experience, may act differently under the same circumstances. The obstetrician must ever avoid taking