bregma, or anterior fontanelle, lies opposite the acetabulum—"the occiput comes down, meets the resistance of the pelvic floor, and by this resistance is pushed forward, so that it turns opposite the sacro-iliac synchondrosis under the pubic arch. The abnormal position with the occiput behind is changed into a normal one with the occiput in front. When this rotation has taken place the labor ends just as if the occiput had been in front from the beginning, and no special assistance is called for. Fortunately the majority of cases of vertex presentation with the occiput behind end in this way."

In the other group of cases the head is not well flexed, and then, instead of the anterior fontanelle being opposite the acetabulum, the frontal eminence is opposed to it. These cases are called fronto-cotyloid.

It is not within the scope of this paper to take up the causes of imperfect flexion of the head in these cases. I may merely mention that the chief causes are the relations of the axis of the uterus and of the pelvic brim, and that the greatest transverse diameter of the head is behind the centre—that is to say, the bi-parietal diameter is behind the oblique diameter of the brim in a part where there is less room for it than would be the case in an occipito-anterior position. So if the child's head is of fair size it does not come down so readily, flexion is retarded, or even extension may be favored and labor is rendered difficult.

There are other causes, such as a very large or very small head, excessive liquor amnii, or deformity of the pelvis, but those above mentioned are the most common in normal-shaped pelvises—and also they are the ones that we should fully understand in order the more readily to apply successfully the earliest and best means of giving relief.

Now, with regard to treatment of these cases. Let us first make an accurate diagnosis; and here permit me to say that I find it impossible in some cases to make an accurate diagnosis by the fingers alone, or even by the fingers on the head of the child aided by palpation with the other hand outside. I know that some obstetricians claim that diagnosis in these cases is easy, but for my part I prefer to be sure, and if there is any obscurity I give chloroform, and after having the parturient canal thoroughly cleared, the aseptic hand is anointed and passed gently into the vagina and even into the uterus if necessary, when not only the exact position is noted, but also the condition of the cervix and other parts of the parturient canal. If then the occiput is found towards the back, the malposition can be rectified by grasping the head and turning it toward the front, converting the position