You may, I think, act according to the following rules: Try to ascertain the exact position of the child's head.

Endeavor to apply the blades to the sides of the head without regard to the sides of the pelvis, i.e., employ the French method.

If you are not able to accomplish this, apply the blades laterally, as to the pelvis, but do not drag the head far before removing and readjusting the blades.

You will find it comparatively easy in certain cases to apply the blades to the sides of the head. If, for instance, the head is in the cavity of the pelvis with the occiput towards the left front you have only to introduce the blades so that the left blade will be slightly behind on the left side and the right blade slightly forward on the right side. Sometimes you can scarcely avoid doing this, to some extent, at least.

Traction. Seize the handle which is attached to the traction rods with the hand, and while pulling see that the rods and shanks are kept just touching or almost touching each other. While you are extracting the child you will find that the traction is exerted exactly in the right direction at all times as the head passes through the pelvis and emerges from the vulva

Flexion will be properly maintained, and when incomplete will frequently be promoted.

Rotation will be allowed.

The head will, so far as possible, be prevented from bearing too heavily on the pelvic floor.

The head will be lifted over the perineum.

As the head is brought through the vulva it will not be extended so as to cause the chin to cut through the perineum.

In using traction do not attempt to extract rapidly. You will remember that during normal labor after the vault of the head reaches the pelvic floor, its expulsion from the vulva should occupy at least from twenty to thirty minutes. Extraction with the forceps should occupy no less time.

Pull gently on the handle, as far as possible, during pains, and desist during the intervals between them. If you cannot detect uterine contractions pull intermittently. Endeavor to extract with the smallest amount of force. Use one hand at first. This will generally be sufficient. In exceptional cases it will not; and then you will require more force and may use both hands.

As soon as the head reaches the pelvic floor you have to consider the danger of injury to that structure and the perineum.

You know in connection with normal labor that when the thighs are flexed on the body a tightening of the skin around the vulva may be noticed. You should then direct your