

tion. The facts of the not infrequent occurrence of spontaneous version of the fœtus, naturally first directed attention to external manipulation on the part of Wigand and others of the older practitioners; and the greater precision of diagnosis has led to its more successful and more extended application. The *modus operandi*, however, directed by Wigand, is the same as that which is followed at the present day. All the leading accoucheurs of Germany have furnished their testimony in favour of the practice; and especially has this been the case with Joerg, Busch, and Kilian. In England the subject has attracted no attention, so that it is hardly even alluded to in the text-books; but in France the practice has been adopted by several accoucheurs; and the text-books of Cazcaux and Maffei, especially of the latter, may be advantageously consulted upon the matter. The great advantage of the procedure is the safety for both mother and child, while it is devoid of the fear and suffering attendant upon most other operations. Its superiority to ordinary turning, on the grounds of freedom from suffering for the mother and absence of danger to the child, is indeed obvious.

"Before speaking of the indications, let me say a few words in regard to the manner in which these manipulations may influence the position of the fœtus in utero. While the first advocates of this proceeding imagined that the direct motion imparted to the fœtal parts by outside pressure was the only way in which their position was influenced, it was left to the ingenuity of Drs. Joerg, Busch, and Kilian, to call our attention to the *dynamic* effect of these manipulations upon the uterus. There is no doubt a great deal of truth in this view, if we bear in mind that the largest number of transverse or oblique presentations is not only accompanied, but even caused by deformities of the usually ovoid form of the womb; and if they should be corrected, the situation of the fœtus would also come nearer to a more natural condition. Then we can easily imagine why pressure exerted upon the womb from the outside will be apt to correct malpositions of the fœtus. But it is our conviction that neither the dynamical nor the mechanical effect does either of them alone effect the change. It is a combination of both that does the work.

"The operation is indicated in all those cases where the child presents in an oblique or transverse position, in such a way that the head is situated not far from the pelvic entrance, provided that there is nothing in the case which actually demands, or possibly may after a while demand, an actual interference for hastening the process of labour. For example, in all cases of neck and shoulder presentations, in all presentations of the trunk, where the head is situated nearer to the pelvis than to the chest, we may try to correct the position by external manipulation. . . . The caution not to try version by external manipulation in cases wherein we want a prompt delivery of the child by all means, is derived from the fact that such trials do sometimes prove unsuccessful, at least unless continued for a long time. It would be wrong, for instance, to try these manipulations, in a case of hæmorrhage or convulsion, because of the loss of valuable time, which ought to have been employed in a prompter mode of delivery; and even should we succeed in bringing down the head to the upper strait, this would afterwards prove a bar to the easy performance of delivery by the feet, if required by inefficiency of pains, which failed to firmly engage the head in the pelvic brim, as a preparatory step for delivery with the forceps."

The accoucheur having assured himself by repeated inspection, palpation, and auscultation of the exact mode of the presentation of the child, he takes his position at the side of the bed opposite that where the head is located, the woman having laid down on her back." "Suppose the head is felt in the iliac fossa, the operator places his hand upon the cranial protuberance, while his left hand is placed on that portion of the uterus where the nates are situated. Now, gentle frictions are made over the points indicated, and at once a pressure effected upon the head with a tendency to push it downwards, and towards the mesian line, while the breech is gently pushed upwards towards the opposite side. All this is done during an interval of the pains. As soon as another pain begins, both hands keep their places, the woman turning on the left side. With the remission of the pain the same manœuvre must be repeated and continued until a change