

child and introduce until two fingers reach *elbow*. Draw arm across the child's face and then downward. Then bring hips downward and make traction on thighs as there may now be room for the head and remaining arm to emerge. If not, push child backward into pelvis and rotate the body, so that the arm that was anterior becomes posterior. During this rotation the back of the child should sweep across the front of the mother's pelvis. Bring down the second arm as before with the other hand.

During rotation be careful not to dislocate the atlas upon the axis if child be alive; but if the thorax has been pushed upward in such a way as to free the head from the superior strait, this danger is avoided.

*Normal or Dorsal Displacement of Arm.*—Very rarely the arm is extended by the side of the head, and is bent at elbow, so that the forearm lies behind the neck.

*Treatment.*—Place child's body downward and pass fingers along the back behind symphysis, seize the elbow, and then sweep the arm outward and over fetal face. Or rotate the fetal body in a direction opposite to that which produced the displacement. It may sometimes be necessary to fracture the arm.

*Delivery of the Aftercoming Head.*—In no case should the head be allowed to remain in the vagina after the delivery of the shoulders one moment longer than actually necessary. The uterine contractions have now little or no expelling force, while pressure on the cord and premature attempts at respiration at this stage are especially dangerous to the child. I employ the following methods in the order named:

1. *The Prague Method.*—Grasp the ankles with the right hand and place the left hand over the shoulders with the thumb and index finger on one side of the neck and three fingers on the other side. Pull downward and backward until head has entered the pelvis and then upward and forward, bringing the back of the child nearer to the mother's abdomen, as the face, chin first, slips over the perineum. I use the terms right and left hands for the sake of convenience. The choice of hand for each portion of the manipulation may be left to the operator. In this method the force is expended on the child's neck, and if too great, might cause dislocation or even decapitation.

In the majority of cases delivery is accomplished simply and quickly by this method, but in difficult cases where much force is required I adopt the Veit-Smellie method. I may add that British obstetricians, as a rule, consider that the Prague method should be employed only when the head is in the pelvis.

2. *The Veit-Smellie Method.*—Leave the left hand in its position over the nape of neck. Place the right arm so that