

the relation of such a forceps to the perineum when the transverse diameter of the pelvic outlet is 8.5 cm. or less. It will then be evident that perineal tears are not always the result of carelessness and that complete tears are usually the result of anatomical deformity.

A recent exhaustive article by Professor Whitridge Williams has dealt with dystocia due to the funnel-shaped pelvis. It is obvious that when the distance between the bi-ischial line and the tip of the sacrum, or of the coccyx if that be ankylosed, is shortened proportionately to the bi-ischial diameter, trouble must ensue. Fortunately such uniform contraction at the outlet is rare in this country, and I have yet to see in a Canadian woman a pelvis contracted to such an extent as to make birth impossible. Lateral contraction, on the other hand, is unusually frequent, and accounts for a great proportion of low forceps operations and for a still greater proportion of perineal tears.

In addition to pelvimetry the other special feature of an antepartum examination is the relation of the foetus to the birth canal. In by far the greater number of labours, the long axis of the body of the child is parallel to the long axis of the body of the mother, and the head first approaches the brim; further, the head is usually flexed. Leaving aside for a moment the normal relation of the child to the birth canal, the lowermost pole of the head, or the sacrum when the breech comes first, is described as in relation to either the anterior or posterior quadrant of the pelvis on either right or left side.

Now, since the sacrum in one instance, and the lowest pole of the flexed head in another, may be considered as extremities of the vertebral column, the relation of the back of the child to the right or left side becomes of the greatest importance; and since the condition of flexion presupposes the bulk of the head on the opposite side of the median line of the body to the back, the importance of finding the back is enhanced. Moreover, the situation of the bulk of the head is of double importance since it gives a clue to the whereabouts of the most dependent portion of the head, the two being necessarily diametrically opposed one to the other.

Long axis, back, bulk of head,—the determination of these three features is the entire secret of diagnosis, a matter of little difficulty, yet obscured by most obstetricians, thanks to an unfortunate translation of the excellent French of MM. Faraboeuf and Varnier. More time and worry have been fruitlessly wasted by students over the various definitions of "presentation," "presenting part," "position," "attitude," etc., than would have made each an expert diagnostician.

Proceed as follows:—(1). Note the relation of the long axis of the