Some authors now recommend the operation of "Episiotomy," namely: cutting on either side some distance from the mediam line, and stitching after. The above method will, I think, suffice without the cutting, and the principle is the same.

In five years I have delivered ten infants with face to the pubis, two of them primipara; successful in every case except the loss of one child, which I attributed to incompetency of the would-be nurse. The mother was a delicate primipara, and I had absolutely no help from the nurse. In a subsequent case with a trained nurse, we resuscitated the child in about half an hour. Previous to the five years mentioned I had a number of occipito-posterior cases, but as I have no full notes I do not mention them further than to say that I have never ruptured a perinum to any considerable extent. I have had a few superficial tears, which required one stitch; and I have put in as many as two stitches, never more. I attribute my success to: (1) Treating each case on its own merits; (2) relaxing the central portion of the perineum at the expense of the outer sides; (3) keeping perfectly cool and being in no hurry. As to the infants, most cases have required artificial respiration and other usual means to resuscitate them.

Since writing the above I have had another delivery with face to the pubis. In this case I had a chance to study carefully all the conditions. On the first examination I found the occiput, already in the hollow of the sacrum, pointing very slightly to the left sacroiliac synchondrosis. The forceps were applied at once, and the head brought down slowly to the perineum. The progress of the face was arrested when the anterior fontanelle reached the pubic arch; then the occiput showed a tendency to pass over the perineum. To favor this the handles of the forceps were gently carried forward until they pointed directly upwards (the woman in the dorsal position), when the occiput swept over the perineum with as much ease as is usual with the face in a like position. Under the conditions named, the occiput was delivered by flexion of the chin on the sternum; and having only the sub-occipito bregmatic diameter to pass, namely—3.25 inches, while if the forehead had reached the pubes, the occipito-frontal diameter would have had to pass (if the occiput was delivered first) a diameter of 4.50 inches. Ordinarily, in my experience, the actual delivery has occurred so quickly that it would be difficult to say positively how delivery was accomplished. It seems to me that with caution all occipito-posterior cases might be delivered in the described manner and delivered easily. Prof. Comstock says he saw two cases, in consultation, where it was impossible to start the occiput from the hollow of the sacrum. In my cases they have all required a sharp pull, but when the head reaches the perineum there is but little force required. In the case just described, the occipito-frontal diameter of the fœtal head was nearly six inches, which is abnormally long, and the sub-occipito-bregmatic diameter was three and one-half inches.