

sideration of the safety of the child, the rotation of the head may be said to be a perfectly safe procedure. After experimenting with this manœuvre, and after trying it thoroughly in the Tarnier clinic in Paris, Budin and Demelin have concluded that there is no danger whatever to the child even in those cases, which are rare, in which the shoulders do not follow the head in its rotation, and even though the head be rotated through an angle of 180 deg.

I have reported this short series of occipito-posterior cases in view of the fact that this method of treatment is not generally adopted, and by many held to be impracticable and usually impossible. It would certainly seem that failures were due more often to the method of performing the manœuvre than to a faulty principle. It is an operation in which all the details should be closely followed, and in closing I wish to mention a few points which are essential to its success and safety.

(1) The blades should be applied accurately to the sides of the head, and not simply with regard to the pelvis. This is more easily accomplished, especially in the oblique and nearly transverse positions, by means of the solid blade forceps.

(2) The head should be held firmly in the grasp of the forceps during the rotation to prevent slipping and a possible consequent injury to it.

(3) In cases in which the sagittal suture is in the oblique diameter of the pelvis it is absolutely necessary to draw the handles of the forceps well over to the thigh opposite the occiput before rotating.

(4) In performing the rotation, the blades of the forceps should be kept as nearly as possible in the axis of the pelvis by a large swinging movement of the handles, which thus describe a large circle externally. If the last two rules be strictly adhered to, it will be found that the pelvic curve of the forceps will offer no obstacle whatever to the rotation, and furnish no disadvantages when compared with perfectly straight forceps, the use of which has been suggested.

(5) No attempt at rotation should be made while the head is within the cervix, as it is a dangerous procedure, liable to be followed by a rupture of the lower uterine segment. In cases in which the head is high up and partially within the cervix it is far better to draw it entirely out of the cervix first of all, and to perform the rotation lower down in the pelvis.

(6) If there is a tendency for the head to return to its posterior position immediately after removing the forceps for the reapplication, this may usually be overcome by drawing it down