

position under consideration occurs with sufficient frequency to keep us always on our guard, and is of importance enough to warrant us in putting forth all our energies in its treatment.

With regard to the gravity of these cases, though in Sir James Y. Simpson's work, in 1856, he said: "Occipito-posterior positions seem on the whole to require somewhat greater time than occipito-anterior positions; the difference, however, is so inconsiderable as not to invalidate in even the slightest degree what I have already stated regarding the perfect safety and facility with which unaided nature is capable of finishing the labor in this common class of cases," there are many of the present day who think differently. It may be that our patients are not so strong, or so tolerant of pain, or it may be that as we become more familiar with the refinements of our art we are less able to wait calmly, and see our patients suffer, when we know that relief can be quickly and safely given.

In an article in the March, 1895, number of the *Buffalo Medical and Surgical Journal*, Penrose is quoted as saying: "If I were to be asked what one obstetric difficulty in my experience had caused most maternal and foetal deaths, what one had caused most maternal and foetal accidents, not necessarily fatal—accidents, however, making the rest of life worthless, or still worse than worthless, a tragedy—I think I would say occipito-posterior positions, where the occiput had rotated into the hollow of the sacrum, and which had been improperly treated." Strong words are these, and yet he is not alone in his opinion. Only quite recently (September, 1895)* a case was reported by Dr. A. F. Currier where both mother and child died from this position, though this case indicates very well the mode of treatment as taught and practised by many men of the present day—namely, to endeavor to rectify the malposition by manual interference; this failing, apply the forceps and pull hard and long. Neither in the report itself nor in the discussion of it which is found in the Transactions of the New York Obstetrical Society, is there one word about anæsthetics. At this distance, though I am free to admit that it is more easy for us to criticise the acts of others than to be always right ourselves, still I feel that at least some mention should have been made of anæsthesia as a helping agent in these cases, as well as in many others of malposition or difficulty in delivery.

Herman, in his recent work on "Difficult Labor," divides occipito-posterior positions into easy and difficult ones. The former he terms bregmato-cotyloid, and in them the head is well flexed, so that the

* *American Journal of Obstetrics and Diseases of Women and Children*, page 423-