were closed for two weeks. Before examining p.v., the hands must be thoroughly disinfected in 5% carbolic acid, and soap rinsed, and then dipped in sol. of permanganate of potash. If the student takes a case he must not take another until it is over. The effect of this rule has been to perfect his powers of diagnosis by external palpation. If he finds anything interesting, such as a face or breech presentation or twins, he at once takes the case. Should he find any deformity, or enlargement of the ends of the long bones, he would take it, hoping to find a contracted pelvis. If afraid of it being a normal case, he asks a nurse to examine internally for him; this they will generally do if he has shown them a little courtesy. New comers generally begin by supporting the perinea of primiparæ, and extracting the placentæ.

In breech cases the assistant is present to assist, if necessary, or to take charge if he thinks the student incompetent. They are very particular about the exact position of the child to prevent the mistake of introducing the wrong hand when extracting the head. A napkin is rolled round the arm corresponding to the side on which is the child's mouth, the body of the child laid along it, the fingers put in the mouth one on each side of the lower jaw, the other hand applied to the nape of the neck, traction made downwards and forwards, and the child's body is carried up over the abdomen of the mother while the assistant presses firmly on the fundus uteri to supply its place if inert and of a tired vagina, thus bringing the danger of asphyxia to a minimum. Braun is against the use of forceps on the head in a breech case. He says that if they cannot be delivered by the above method, instrumental interference would be too late, in most cases, to save the child, and if delay be due to an undilated os, or an abnormal rotation and locking of the chin on the pubis, it would be productive of danger to the mother. If a breech present in a primipara or a contracted pelvis, they bring down the foot, or both feet, if possible. Diagnosing the sex in breech cases they teach that if you feel nothing it is a male, if two tumefactions feeling like two testicles, it is a female, because the labia became hard and swollen.

The forceps are not used so frequently as in Dublin. They wait for two hours after the os is fully dilated and the head arrested in its descent. By adhering to this rule much unnecessary suffering is caused. Two cranial positions only are recognized, the first is our first and third, the second is our second and fourth. Simpson's medium-sized forceps are the ones used. Forceps are rarely applied at the brim. Braun never applies them. In preference he turns or performs craniotomy. Should turning result unsuccessfully, craniotomy can be performed without scruple on a dead child—averting the horror of killing a strong fœtus. If the heart-sounds are irregular, or if meconium is discharged, the os being dilated, forceps are applied at once. To apply them, the patient is bolstered on rubber covered pillows across the bed. She lies on her back. The blades are introduced in the usual way, a towel placed between the handles to prevent undue compression of the head. Traction is made and then the head is pushed back again, the instruments re-applied, and again traction is made. After each traction an examination is made to watch the rotation. The operation which puzzles most students is that for rectifying an abnormal rotation with the forceps. The rule they observe is to introduce the blades, so that the handles will point to the thigh nearest the occiput. One thing is carefully attended to, and that is to rotate so that the rectum and bladder incur no danger of being lacerated by the points of the instruments. The centre of the blades should be the pivot on which rotation is made and not the points.

Before turning, the exact position of the child is ascertained. That hand is introduced which corresponds to the side opposite to the head. It is passed over the abdomen to the feet. If possible, and the pelvis is not contracted, the shoulder is shoved up, the head brought to the brim, kept there by a pillow, and the woman kept on the side opposite to that on which the head was. Turning is performed in those cases in which rapid delivery is necessary, as placenta prævia, eclampsia, rupture of the uterus; also in cases of moderate pelvic contraction and transverse presentations, and some cases of prolapsus funis. After the feet have been brought down traction is