

CHAPTER LXVI.

THE MECHANISM OF DELIVERY, IN A PRESENTATION OF THE HEAD.

The Left Anterior Occipito Iliac Position.

THIS is the presentation and position most frequently observed, perhaps fifteen out of sixteen times. In most obstetrical works it is called the *first* position.

By observing the following figures, and referring to the previous explanations of

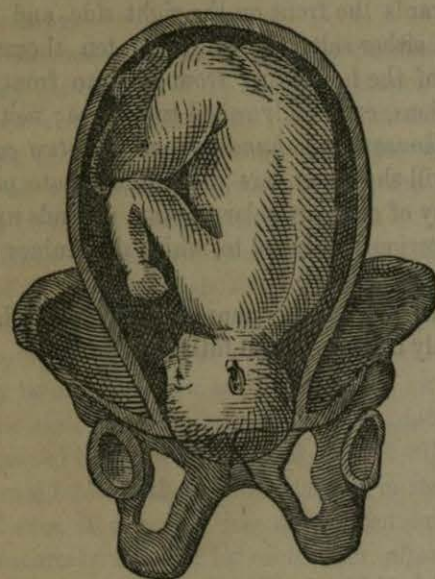


FIGURE 166.

It will be seen here that the neck is straightened out, and that the two fontanelles are on a line with each other.

Note.—The front of the bones is represented in this and the two following figures as if transparent, so that the head may be seen through them.

the diameters of the pelvis and foetal head, it will be seen that through all its changes of position, while making its exit, the head always presents by one of its shortest diameters to one of the largest diameters of the pelvis, so that the relation between them is invariably the best that could be established; and many peculiar turnings and revolutions occur, apparently for the express purpose of bringing this about.



FIGURE 167.—This Figure represents the head descended still lower in the pelvis.

At this time the anterior fontanelle can scarcely be reached, but the posterior one is easily to be reached, being in the open passage, on the left side. The head is now fairly within the pelvic cavity, but still lies across from right to left.

Second Movement, Rotation of the Head.—When the foetus is thus brought to the bottom of the pelvis, its head turns completely round, the back of it being brought to the front, or under the pubes of the mother, and its forehead turned against her sacrum, as represented in the next Figure.

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Before the rupture of the membranes, the head presents its occipito frontal diameter, which measures four inches, to the right oblique diameter of the pelvis, which measures four inches and a half; while its bi-parietal diameter, which measures only about three inches and a half, is presented to the other oblique diameter, also measuring four and a half. Even here it will be seen that the passage is larger than the head which has to pass through it, but a more favorable position still can be obtained by a slight movement of the foetus, which nature accordingly accomplishes, and also follows by others, to preserve the advantage, which will next be described.

Movements of the Foetal Head.—There are three of these peculiar movements, each of which takes place at a particular period of the labor, and must be described separately.

First Movement, Flexion, and Descent.—Immediately after the membranes are broken, the contractions of the uterus force the head into the upper strait, by the occipito frontal diameter of four inches, as already shown; but then commences the first movement, which consists in a bending of the child's chin down upon its breast, so that the forehead is carried up into the womb; and the most prominent point of the back of the head presents to the middle of the passage, by the *occipito bregmatic* diameter, which is only about *three inches* instead of four. This, of course, makes the passage so much easier, and generally, immediately after this change, the head descends into the basin of the pelvis.

It is not absolutely necessary, however, for this movement to occur, for in a well-formed pelvis, the head can descend without it, though not so easily; and sometimes, in fact, it does not take place, but this is unusual.

It must be recollected that this shifting of the head alters the position of the *fontanelles*—the posterior one being brought more to the center of the strait, and the anterior one carried up out of reach, while previous to the movement they were both on a level. If an examination is not made, therefore, till after this change, it may be difficult to determine the position, unless this is borne in mind. The accompanying figures show this very well.

In Figure 169 it will be seen how the os coccygis, or lowest part of the backbone (c), is straightened out backward, while the head is passing, as explained before; and in Figure 170 it has returned again to its natural position.

The reason for this rotation of the head will be obvious on calling to mind the form of the pelvis and the external opening. On examining the figures, it will be seen that the longest diameter of the vulva, or external opening, the *anterior*

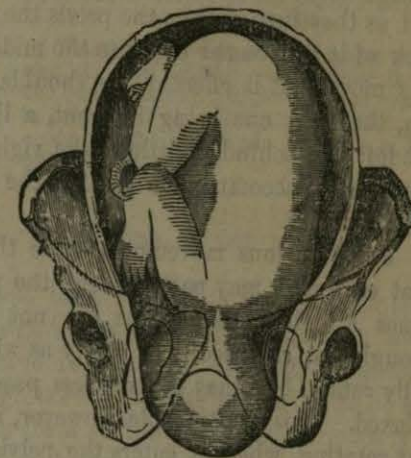


FIGURE 168.—This Figure represents the head still further down, and beginning to rotate.

Here the head is seen just beginning to turn—the right side, and part of the back of it, just passing under the pubes. As the rotation becomes complete, the neck straightens, so that the two fontanelles are again found on the same level. Finally, the back of the head fully emerges from under the pubic arch, and the chin slides gradually out after it beneath, so that the neck of the child is encircled by the ring of the vulva.

posterior, is nearly at right angles to the longest diameters of the upper strait, the oblique. Now, the longest diameter of the head is adapted to this oblique diameter on entering the upper strait, as already explained, and it is necessary for it also to be adapted to the longest diameter of the external opening, the anterior posterior, when making its exit; but as the two are not parallel, the head is compelled to turn, or rotate, in order to pass from one to the other. To accomplish this, however, the neck

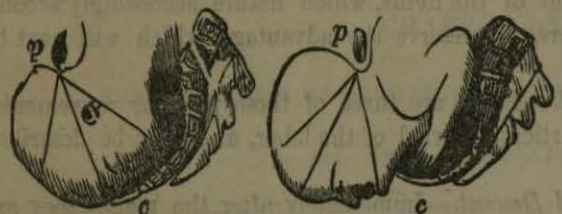


FIGURE 169.

FIGURE 170.

In Figure 169, the back of the head is nearly under the pubic bone, while the forehead is just passing the external opening below.

In Figure 170, the back of the head is completely extruded, and also the chin, so that the whole head is now born. (*p.* is the pubic bone, in front.)

and as they turn within the pelvis the head also turns, to correspond, and thus the back of it is brought opposite the middle of the mother's left thigh. Immediately this movement is effected, the shoulders rapidly escape through the external opening, the right one being in front, a little to the left of the symphysis pubis, and the left one behind, a little to the right of the os coccygis. The body then curves upwards, to accommodate itself to the curved axis of the pelvis, and speedily follows the shoulders.

These curious movements cause the child to progress in a spiral direction, so that each part may pass through the pelvis in the most favorable position. Sometimes all these movements are not effected, and yet the delivery may occur, though not so speedily or safely as when they are. The shoulders do not always fully rotate, but may nevertheless pass the opening, if the parts be large, and well relaxed. It is questionable, however, if the head can ever pass the lower strait without rotating, when it enters the pelvis diagonally, the occiput on one side and the forehead on the other; as it is necessary for either one or the other of these parts to pass under the pubes.

MECHANISM OF DELIVERY IN ALL OTHER POSITIONS OF THE HEAD.

The Right Posterior Occipital Position.—This position, called the *second* by some authors, and the *fourth* by others, is exactly the reverse of the one just described, the head lying in the same direction, but the back of it being behind, to the right of the sacrum, and the forehead to the left of the pubes.

Precisely the same movements are gone through in this position as in the other, excepting that the head has to rotate considerably further. In the former position, the back of the head is only a *little* to the left of the pubes, and therefore has not far to turn to pass under it; but in this position the back of the head is *behind*, and therefore has to turn very far round to reach the same position. The rotation is therefore more difficult, not so soon effected, and sometimes likely to be dangerous to the child.

In the other movements there is no difference worthy of notice, but it must be borne in mind that they all occur the reverse way to what they do in the first position, because the occiput is on the *right* side, instead of the left.

The Right Anterior Occipital Position.—This position is precisely the same as the first, but on the other side. The back of the head is in front, but to the *right* of the pubes, instead of the left, while the forehead is behind, to the left of the sacrum. This will be apparent enough by observing Fig. 171.

The mechanism of delivery is precisely the same, and all the movements occur in the same order and manner as in the first position, but the reverse way, the rotation, for instance, being from right to left, instead of from left to right, and so of all the others.

The Left Posterior Occipital Position.—Delivery is effected the same in this as in the left anterior, or first position, excepting that the rotation is more extended, owing to the occiput being behind, as explained in the right posterior occipital position.



FIGURE 171.—Head in the Right Anterior Occipital Position.

This is the second most frequent position, the left anterior occipito iliac being the *most* frequent. *c*, the foramen ovale; *d*, the top of the ilium bone, called the *crista*; *h*, the symphysis pubis; *k k*, the pubic bones.

GENERAL REMARKS ON THE DIFFERENT POSITIONS OF THE HEAD.

In all the other positions, and their varieties, there is nothing that calls for special notice, or that is material in practice, the delivery being nearly the same in them all. No matter what position the head is placed in, the back of it nearly *always* comes to the front under the pubes, even though it have to turn half round to do so. The cause of this is supposed to be the peculiar form of the parts, which gives it a screw-like motion in its descent, and the shape of the external opening, which, being longest from before to behind, can only allow the long diameter of the head to pass through in the same direction.

Sometimes, it is true, the occiput passes behind, instead of coming to the front, and then the *chin* comes under the pubes, while the occiput presses on the coccygis. This is very seldom observed, and when it occurs the labor is more difficult and tedious, though it may still terminate spontaneously.

The resistance of the soft parts, externally, appears to be the chief cause of the head turning; for when they are much relaxed, and the child's head small, it will sometimes pass without, or in the anterior posterior position. And sometimes, when the head is large, so that it distends the parts very much, the shoulders will pass crosswise, there being room enough for them without turning. In some females, formed large, whose organs are excessively relaxed, and whose children are small, the delivery takes place without *any* of the movements being effected, the child passing straight through in whatever position it may happen to be; this is rarely seen, however.

When there are twins, they do not usually both present by the head, but one by the feet; and frequently the parts are so relaxed by the passage of the first that the second is delivered without rotating at all, though in general it follows precisely the same movements. It sometimes happens, however, that the second birth does not take place till some hours, or even days, after the first.

It may be said, in general, that all positions of the head are favorable to both mother and child, and may terminate spontaneously. It is seldom that anything more than ordinary assistance is required in any of them, and they could in general terminate without any at all, though sometimes with difficulty. The worst cases are those in which the head does not turn round, but remains across, or where the back of it turns behind, instead of coming to the front. In these cases, there is great danger of the perineum or external lips being much lacerated, or even of an artificial passage being torn through the perineum, leading to the most serious after results. About one child also out of every fifty is lost in these unfavorable positions.

CHAPTER LXVII.

MECHANISM OF DELIVERY IN PRESENTATIONS OF THE LOWER EXTREMITIES.

THIS presentation includes the feet, the knees, the breech, and also the hips, there being no difference in the delivery for all these parts. It is the same also whether there be one foot, or knee, or both feet and knees.

There are but two positions worthy of notice in this presentation, and they are determined by the child's sacrum. If the sacrum, or posteriors, are to the right of the mother's pelvis, it is called the *right sacro iliac position*; but if they are on the left side it is called the *left sacro iliac position*. The direction in which the child's pelvis is placed, is analogous to that of the head, the sacrum answering to the occiput. Thus most frequently the sacrum is on the left side, a little to the left of the pubes (*left anterior*), while the abdomen faces the right side near the sacrum. When on the right side, however, it is most usually nearest the sacrum, with the abdomen facing the left side near the pubes.

The lower extremities present most frequently next after the head, but still they are but seldom met with. M. P. Dubois tells us that out of *twenty thousand labors* he only met with *eighty-five* such cases. In these eighty-five cases the breech presented *fifty-four* times, and the feet *twenty-six*, the knees being found *but once*.

A presentation of the lower extremities may generally be recognized at an early stage, by the head being felt at the *fundus* of the uterus, and by the pulsations of the fetal heart being heard above the umbilicus, as explained in the chapter on Auscultation. After labor has commenced, the part felt at the mouth of the womb is irregular, and so different from the head, that it is not likely to be mistaken for it. If the knees or feet present, they can always be distinguished; and if the breech presents, it can easily be recognized by its form, and particularly by the os coccygis, which can be distinctly felt at the bottom of the depression between the two cheeks. The side on which it is felt of course determines the position, and the same with the front of the knees, or the heels. The rectum can also be reached with the finger, when the breech is touched; but great care must be taken not to intrude it too far, because with a female child the *vulva* might be mistaken for it, and thus the hymen be broken, and other injury committed. The genitals of a male child are more obvious, so that the sex of the child may be usually ascertained, along with the position.

For want of proper care, the breech has been mistaken for the head and face, but this can scarcely happen if the accoucheur is attentive. It is simply necessary to call to mind what *must* be felt in each presentation, as the *nose* and *mouth* with the face; the two cheeks of the posteriors, with the opening between them, and also the genitals, with the breech; and it can be certainly ascertained which of these parts is really at the opening. With the knees or feet there can scarcely be a doubt.

DELIVERY IN A BREECH PRESENTATION IN THE LEFT ANTERIOR SACRO-ILIAC POSITION.

In this position the legs and thighs are turned up against the abdomen, the breech in full occupying the passage, with the sacrum to the left and in front of the mother's pelvis.

The descent of the breech usually takes place without much difficulty, into the pelvis, it being small and easily compressed.



FIGURE 172.

Delivery in a breech presentation, the buttocks having just passed the vulva.
c. The coccygis, much straightened.
p. The pubic bone in front.



FIGURE 173.

Anterior posterior position of the head, the occiput being in front, after the delivery of the body.
c. The coccygis.
p. The pubic bone, in front.

It descends in the same direction in which it first presents—that is diagonally, like the head—and also rotates, or turns round, so that the left buttock comes in front, just to the right of the pubes, while the right one goes behind, to the left of the sacrum. The left buttock reaches the mouth of the vulva first, in this position, and then remains stationary there while the right one slides along the curve of the sacrum and perineum, and passes out first at the lower part of the external opening. The left, however, speedily follows, and when the whole breech is born it rotates again, one hip coming immediately in front, and the other going immediately behind. Owing to this movement the long diameter of the breech is adapted to the long diameter of the pelvis, as in the case of the head. This will be evident from Fig. 172.

The rest of the body then rotates in the same way, and the arms and shoulders pass through the external opening in the same direction as the hips. The left shoulder first moves to the right of the pubes, while the right passes behind; and then, just when they are both passing out, one comes immediately in front, and the other immediately behind, placing themselves in the long diameter of the vulva.

The head passes through the superior strait in the left anterior occipital position, and is often delivered in that way; but sometimes it rotates, and the forehead passes into the curve of the sacrum, while the occiput is placed behind the pubes. When this occurs the body also rotates, to accompany the head. This state of the parts is represented in Fig. 173.

At this period the head is past the uterus, and there is therefore little or no contraction to expel it, so that it often remains a long time undelivered. It will be seen that the position is very unfavorable, the longest diameter of the head, the occipito frontal, being the presenting one, which makes it lie immovably across.

The means of assisting in such a case are plain enough; the forehead must be brought down while the body is raised towards the mother's abdomen; this will throw the top of the head back, towards the sacrum, and change the presenting diameter. The forehead and bregma rapidly escape below, and the occiput passes out last. This is the way in which nature herself also completes the delivery in such cases when she has the power.

DELIVERY BY THE BREECH IN THE RIGHT POSTERIOR SACRO ILLIAC POSITION.

This position is the reverse of the preceding one, the sacrum being behind and to the right, while the abdomen is to the left in front. The same movements are performed as in the first position, and the whole process is similar, only the reverse way. The sacrum being behind, however, has to rotate much further to come in front, precisely the same as with the head when in the posterior position.

The head generally follows the sacrum, and the occiput comes under the pubes, as already explained; but sometimes only at the moment when being disengaged.

DELIVERY BY THE BREECH IN THE FULL POSTERIOR, OR SACRO SACRAL POSITION.

In this position there is no rotation at all, the back of the child being turned full to the back of the mother, and the whole body and head being expelled in that position. In general there is no particular difficulty from this position, but on the contrary it is thought by some to be rather favorable than otherwise. The longest diameters of the foetal pelvis, and shoulders, are adapted to the longest diameter of the mother's pelvis, at the upper strait, and easily pass it. They will also generally pass the external opening in the same direction unless it be very unyielding, or the child very large; and if they pass, the head usually follows, because the parts have been so much dilated by the passage of the body that they offer but little resistance.

GENERAL REMARKS ON THE PRESENTATION OF THE LOWER EXTREMITIES.

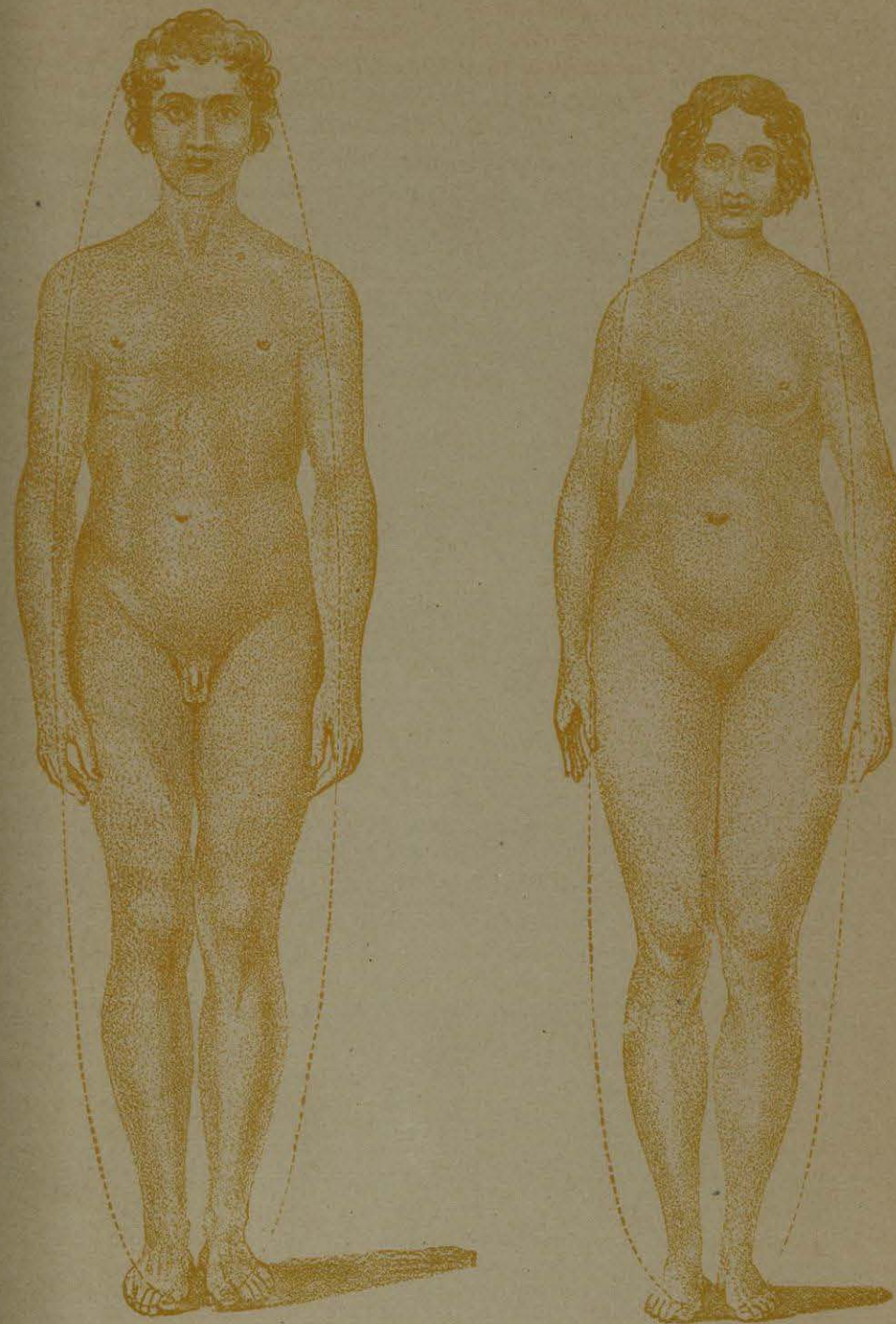
As a general rule, delivery by the breech, or by any other position of the lower extremities, is less favorable than by the head. The labor is usually longer, more painful, and more exhausting; still however, it is generally spontaneous, and not necessarily dangerous to the mother. To the child, on the contrary, it is dangerous, on many accounts.

It appears, from the observations of M. P. Dubois, that in this presentation one child is lost out of every twelve, while only one out of fifty is lost in head presentations! The chief cause for this greater mortality appears to be the compression of the umbilical cord, which is greater, and lasts much longer, than when the head presents, as will be evident on examining the circumstances under which delivery is effected in each case. When the head presents, it passes, and also the shoulders, before the umbilicus is reached; the mother's organs are therefore much dilated, and only the smallest parts of the foetus are left, when the cord is engaged in the passage; it cannot therefore be much compressed, nor for any long time, because the labor is then soon over. When the lower extremities present, this is not the case, the smallest parts then pass before the umbilicus is reached, so that the cord has to pass along with the head and shoulders, which are both the largest and the longest in

being delivered. This compression of the cord stops the circulation of blood between the fœtus and the placenta, as will be evident on referring to the description formerly given of *fœtal nutrition*; and the stopping of this circulation is as fatal to it as stopping the breath is to an adult. When the breech presents altogether, there is not so much danger as with the feet, or knees, because it is large, and in its passage dilates the parts so much that the rest of the body, and the head, follow more quickly. There is, of course, no danger till after the hips have passed, because the cord is not reached before; but the delivery should be completed as soon after they are born as possible, for every minute's delay makes the chances for the child's life so much less.

[Faint, mostly illegible text continues on the left page, likely describing anatomical details and clinical observations related to breech presentations.]

PLATE XL.



Comparison of the Male and Female Forms, in Size and Proportions.

CHAPTER LXVIII.

MECHANISM OF DELIVERY IN PRESENTATIONS OF THE FACE.

PRESENTATIONS of the face appear to result from the head being bent backwards, instead of forwards upon the chest. They are easily recognized, because the face has so many peculiar parts, as the nose and mouth, for instance, which are altogether unlike what can be felt in any other presentation. In a very early stage, the forehead may be taken for the vertex, unless care be used, because it *feels* round and soft like it, but the mistake cannot last long.

The positions in this presentation, as formerly explained, are determined by the chin, and in practice only *two* are noticed—the *right posterior mento iliac*, and the *left anterior mento iliac*. In the first the chin is on the right side, near the sacrum, and in the second it is on the left side, near the pubes. These answer, it will be seen, to the two principal positions of the head itself. It is generally considered that, though the chin, like the head, may assume other positions, yet it does so in but very few cases, and these presenting no peculiarities which require special notice.

DELIVERY IN THE RIGHT POSTERIOR MENTO ILIAC POSITION OF THE FACE.

The head descends with the forehead and chin nearly on a level, and the nose occupying the middle of the passage. When fairly in the cavity, it rotates, the chin being brought under the pubes, while the back of the head passes into the curve of the sacrum. This is nearly always the process; no matter where the chin may be when the labor commences, it seldom fails to move under the pubes before it concludes. Occasionally, it may rotate the other way and pass into the hollow of the sacrum, while the occiput comes in front, but this is very rare.

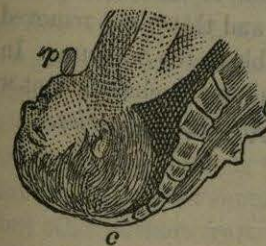


FIGURE 174.

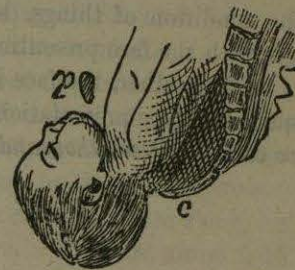


FIGURE 175.

Fig. 174.—The chin just passed, in presentation of the face.

Fig. 175.—The head full born, in face presentation. *p.* The pubic bone; *c.* The coccygis.

The chin is born first, and then follows, below, the forehead, top of the head, and finally the occiput—the face turning upwards towards the mother's abdomen, as each part is successively delivered. When the head is fully born the body rotates

inside the same as in the head presentation, and the delivery concludes in precisely the same way.

DELIVERY IN OTHER POSITIONS OF THE FACE.

The delivery is precisely the same in all the other positions of the face, excepting that in some of them the chin has further to rotate before it can pass under the pubes. In all cases, however, it may be safely calculated that it will do so, there having been so few instances known in which it has rotated the other way, into the hollow of the sacrum, which is fortunate, for there is always more or less difficulty and danger when it does so.

Sometimes the rotation does not take place at all, but the face descends diagonally, as the head occasionally does.

On the whole, presentations of the face are not particularly to be feared, as regards the mother. Some authors even consider them quite favorable, and reckon them only as varieties of the head presentation. Madame Lachapelle states, as a principle, that face presentations should always be left to nature. And M. Chailly says he must admit that, in all positions of the face, the labor may terminate spontaneously, excepting when the chin passes behind, in which case it will be protracted, and most likely fatal to the child. The labor is generally a little longer, and more painful, owing to the face not being so perfectly adapted to the passage as the head is; but still it must be regarded as favorable to the mother, though assistance is oftener required than with the head. There is more or less danger to the child, however, owing to the head being kept under pressure for an unusual time, which produces congestion. The neck is also forced against the pubic bone, as will be seen by Figs. 174 and 175, and thus the jugular veins are compressed. If there be any delay, it is customary to observe the face closely, after the chin is born, and if it appears from any indications that congestion is taking place, assistance is rendered at once. The face will sometimes become so tumefied and engorged with blood, from this prolonged pressure, that it will not appear natural till several days after birth.

Probably about one child is lost in ten or twelve deliveries in these cases; and if the chin pass behind, its death is almost certain.

It was formerly the practice to endeavor to turn the face upwards, when at the superior strait, and so change the presentation to one of the head. This, however, is now abandoned, because the attempt is seldom successful, and does not materially improve the condition of things, besides being painful to the mother. The only extra danger with the face presenting is to the child, and this is not removed by the operation; to the mother, the face is nearly as favorable as the cranium. In regard to the frequency of face presentations, we find that Madame Lachapelle met with but *seventy-two cases in fifteen thousand six hundred and fifty-two deliveries.*

CHAPTER LXIX.

MECHANISM OF DELIVERY IN PRESENTATIONS OF THE TRUNK.

It has already been stated that in presentations of the trunk, it is nearly always the right or left shoulder which occupies the passage. It is stated, by some authors, that they have felt the back and abdomen, but others think they were mistaken; and most certainly such positions are extremely rare, if they actually do ever exist.

There are two presentations of the trunk, determined by the side on which the fœtus lies, and denominated accordingly, *right or left lateral presentations.*

Each of these presentations has two corresponding positions, determined by the side on which the child's head lies. If the head be on the mother's right side it is called the *right cephalo iliac position*, and if it be on the left side it is denominated the *left cephalo iliac position*. The mechanism of spontaneous delivery is the same in them both, and in all their varieties, and so is the mode of rendering assistance, so that a description of one will suffice.

Sometimes, when the labor has lasted long without assistance, one arm will be forced down first, and even appear externally. This used to be considered a separate presentation, and described as such, under the name of *presentation of the hand and arm*. There is no reason for describing it separately, however, and no utility in doing so, as it differs in no essential particular from ordinary presentation of the shoulders, and must receive the same assistance.

What it is that produces presentations of the trunk, and other unfavorable parts, is not known, though they are generally thought to be owing to excessive motion in the child, or obliquities of the womb.

Mme. Lachapelle met with *sixty-eight cases of trunk presentation in fifteen thousand six hundred and fifty-two labors*, which is nearly the same as the face. The right side presents more frequently than the left, and the head is on the left side oftener than on the right, as it is in ordinary head presentations.

As a general rule, assistance is always rendered in presentations of the trunk, and is generally considered absolutely necessary. It is undoubtedly true, however, that nature has effected delivery in such cases unaided, though rarely, and such instances are considered as extremely fortunate exceptions to the general rule. M. Chailly says that the accoucheur should never leave such cases to nature alone, but always aid her; but other authors trust to her a little more. The most usual mode of rendering assistance is to *turn the child*, and bring down the feet, a manœuvre which will be fully described hereafter.

In some cases the child turns itself, from the contraction of the womb, before it enters the upper strait; and in other cases, when very small, or long dead, it will pass folded double. This self-turning, however, cannot take place after the escape of the waters, so that it seldom occurs when the membranes are broken.

MECHANISM OF DELIVERY IN PRESENTATIONS OF THE TRUNK BY SPONTANEOUS EVOLUTION.

This is the most usual mode for the foetus to escape, in each presentation, and in

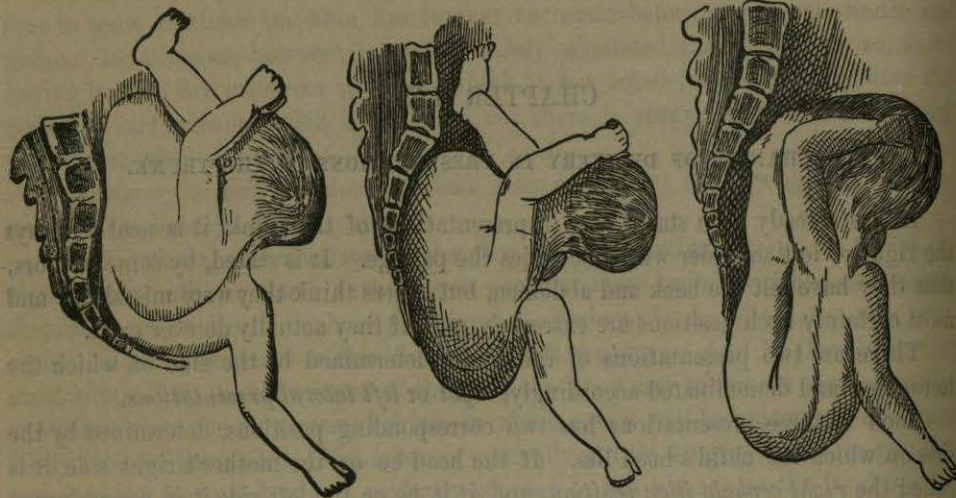


FIGURE 176.—Position of the foetus in a presentation of the right shoulder, and in the left cephalo iliac position.

FIGURE 177.—Descent of the shoulder in a trunk presentation, at a more advanced period.

FIGURE 178.—Descent of the shoulder and trunk at a still later period.

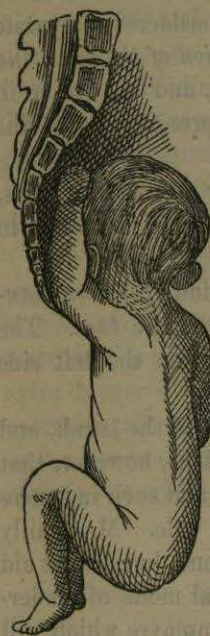


FIGURE 179.—The trunk has fully descended, and only the head is left, with one arm.

every position. By referring to the above Figures, and the accompanying descriptions, it will be readily understood.

Previous to the rupture of the membranes, the child's body lies *across*, as formerly explained; but immediately after the rupture the shoulders descend into the pelvis, as seen in Figure 176, while the head remains above the pubes; the arm frequently, but not always, protruding externally.

The shoulder then continues to descend, the body following, bent up against the face, as seen in Figure 177.

Here the shoulder is protruded from the vulva, the back being nearly folded, and the knees turned up against the face.

The whole trunk is now fully delivered, folded almost double, and the legs and feet are turned up against the face. They speedily follow, however, and then nothing is left but the head, and perhaps one or both arms, placed against the sides of it, as shown in Figure 179.

The arm is generally very easily brought down, or it may remain and come with the head. The delivery of the head is effected the same as in presentations of the pelvis, and is seldom attended with much difficulty, the parts having been so much distended. The body always rotates, so that the back comes in front, and the chin passes into the curve of the sacrum.

This is the way in which the delivery is effected by nature in such cases, and it will readily be conceived how dangerous it is to both mother

and child, and how seldom it can be accomplished. If the foetus be of full size, and the mother's pelvis no larger than ordinary, it is almost impossible for this spontaneous evolution to take place; and even when it does, it is with the greatest difficulty, the mother suffering in an extreme degree, and running great risk, not only of the most serious after-results but even of death. To the child the danger is equally great, owing to the severe and long-continued compression it receives, and the unnatural position it assumes. M. Velpeau tells us that in *one hundred and thirty-seven* such cases, *one hundred and twenty-five* of the children died. The number of the mothers also, who either died or were made sufferers all their future lives, was undoubtedly great, though unknown.

It is evident, therefore, that presentations of the trunk are the most unfavorable known, and labor in them is but rarely spontaneous. Nature can but very seldom effect the delivery of the foetus herself, and even when she does it is with the greatest risk, both to it and the mother. The accoucheur should *always* assist, therefore, if he can, because even if nature can complete the delivery, it is with much danger. The means of assisting, by turning, will be described in another chapter.

If the foetus is not at full term, and of course is under the full size, its expulsion may be left to nature safely, but not otherwise.