seems probable that this procedure prevented the subsequent development of a much more grave disturbance of hepatic function.

4. The van den Bergh test is simple. It is the most rapid and most easily applied of all the tests applicable to the investigation of disturbed hepatic function, and, with experience, is reliable. The results obtained are accurate enough for all clinical purposes, although no colorimetric method of this kind can pretend to more than approximate accuracy.

5. It is suggested that the van den Bergh test, if used as a routine in cases of syphilis undergoing treatment by arsenobenzol compounds, affords a strong safeguard against the development of the grave condition of post-salvarsan jaundice, fatalities from which are more frequent than general mortality statistics would lead one to believe. The small amount of serum necessary for the test is readily obtained when taking the blood for the routine Wassermann reactions.

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POSTURE IN DIFFICULT LABOUR.

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Most of the devices by which we reduce the difficulty of labour have been practised, at least in kind, for thousands of years. Used at first empirically and promiscuously, the mode of operation of many of them has been made clear and the indications for them precise, and it is now possible to employ them scientifically.

The official postures, such as that on the long popular delivery stool or, in this country, the left lateral position, found justification in their convenience for rendering service at the delivery, but the need of allowing them to be varied was recognized for individual cases. A "hanging leg" posture was described and figured by Scipio Mercurio at the end of the sixteenth century, but, though he mentions compression and checking of the bones of the pelvis as a source of difficulty, he did not recognize the position as specifically adapted to that difficulty, but to labour that is difficult "from what cause you will." This "Mercurio" posture has legs and also shoulders lower than the pelvis, and he explains that in this position, with the shoulders low, it is easy for the midwife to reduce a badly placed child to the mid-line, whereas the shoulder high position on the delivery stool tends to make the malplacement worse.

The distensibility of the symphysis pubis in pregnant women was long a subject of dispute. Ambroise Paré and Severinus Pinaeus separately report their presence in February, 1579, at the autopsy of a woman of 24 years, who had been hanged for child murder ten days after her delivery. It was demonstrated by sight and touch to all who were present that the pelvic bones were so mobile that the end of one pubic bone could be raised half a thumb-breadth above the other. Some, indeed the greater crowd, of the spectators "stiffened their necks" and adduced arguments against its possibility, but the facts have forced recognition, especially in the operation of section of the symphysis. It was not recognized that this mobility of the bones could be called upon by the posture of the patient to reduce the difficulty of labour in a narrow pelvis until in 1889 Walcher reported that in six cases, by putting the woman with a cushion under her sacrum and her legs hanging, he had secured an increase of from 8 to 13 millimetres in the conjugate diameter of the brim. Since that time the hanging leg position has become one of the resources of the scientific obstetrician and is often titled the "Walcher" position. The mechanism of the manœuvre is simple. The sacrum being held by the spine and by the upward pressure of the cushion, the pull of the legs on the acetabula in the opposite direction carries the front part of the pelvis down and lengthens the distance between the symphysis pubis and the promontory of the sacrum.

Obesity was recognized by most of the ancient writers as a source of difficult deliveries. Mercurio discusses it at some length and recommends: (a) reduction of the diet by a third during the last two months of pregnancy, thus forestalling Prochownik; (b) medicines; (c) posture; (d) manipulation. The posture which is described and illustrated is an exaggeration of the hanging leg posture, such that it has been ridiculed as scarcely tolerable even for an acrobat. This posture is almost exactly represented in a figure brought by the excavators from Ur, and it is highly probable that there is an Eastern strain in the line of tradition leading to the formal description of the hanging leg position. Mercurio refers to Avicenna, but the hanging leg position does not come directly from that author.

The posture which the ancient writers prescribed for the delivery of obese women was that on knees and face. This can be traced from Soranus, through Aetius, on to Eucharius Rösslin. Avicenna directs that the fat woman lie with her knees under her belly and her head on the ground, and have her vulva anointed and opened with the fingers; when this is done, he says, she will bear quickly in the mode of quadrupeds. He prescribes the dorsal position with the legs raised, when it is necessary to douche the passage with lentives, and when it is necessary to open the vulva with instruments he says it may be tried in the ventral posture or in the dorsal or otherwise. It is obvious that in these prescriptions the chief consideration was the facility of manipulation.

The ventral postures are, however, not an invention of the erudite, but are found widely distributed among primitive peoples as an aid in prolonged labour. The mechanical effect of these postures seems to have received little attention. In the knee-face and the knee-chest positions the disposition of the forces acting on the pelvis is the same in kind as in the ordinary hanging leg position. In each a backward force acts on the acetabulum—in one case a thrust, in the other a pull from the femur—and in both the tendency is to carry the anterior part of the pelvis downwards in relation to the posterior. I have not at present the opportunity of making a series of measurements to determine the relative lengthening of the conjugate at the brim which results from the various postures, and so commend this observation to any who are more fortunate. In practice, the hanging leg position has proved so irksome to the patient that it has not always been possible to maintain it for a sufficient time. The knee-face posture is much easier, as is obvious from its being so often spontaneously adopted. Should it be found that the measure of its influence approximates to that of the hanging leg posture it would offer a valuable aid in the slightly narrow pelvis.