

## Correspondence.

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To the Editor of the CANADIAN PRACTITIONER AND REVIEW :

SIR.—An article from the *British Medical Journal*, in August number of the PRACTITIONER AND REVIEW, entitled "Live child delivered by forceps after death of mother," reminds me of my dereliction of duty in neglecting to report my unusual experience in dealing with a similar case.

On August 15th, 1876, I was called to attend the accouchement of Mrs. D. McC., wife of a farmer in Township of Southwold, County of Elgin. Her previous confinement, which I attended, was uneventful, but in the interim I had attended the patient for advanced heart disease—valvular insufficiency and dilatation. On this eventful morning I very promptly responded to the professional call with much, but, I think, well-concealed, forebodings. After my arrival the patient and myself partook of a light lunch in a most cheerful manner, soon after which effective labor began. I soon proceeded to make my examination, found os thin, patulous and dilated about two and a half inches; *first presentation*. While thus engaged, to encourage my patient, I assured her of the prospect of safe and speedy delivery, to which she replied in most alarming tones, "I am dying, doctor, I am dying." I began to rally her on her unusual timidity, when she again exclaimed, "I am dying." With my disengaged left hand I felt her pulse and at once told her mother and sister that she was dead. Unfit to swallow the brandy attempted to be given, a strychnin hypodermic was promptly given—without avail, no sign of life was present.

Their first outburst of grief having subsided, I told the friends that there was a chance to save the child. They naturally objected to any handling of the body, and proceeded to fold the hands over the breast, close the eyes and mouth, in anticipation of *rigor mortis*. Having waited as long as I thought it safe to depend on the foetal circulation, I urged, as firmly as my sympathy would permit, our duty of saving a human life. A tacit assent given, I proceeded, and instantly determined on pedalic version, instead of using the forceps, to which I believe they would have objected. Such, however, was the complete flaccidity of all the parts, that I reached the feet as readily as I could have applied the forceps under the most favorable conditions. With unusual facility, version and delivery were effected as promptly as could have been done by forceps. A little effort restored suspended respiration of the babe, a female,