

While the Occipito-Iliac presentations are thus shewn to exhibit the large preponderance of about 96 per cent. of the whole accouchements, the other forms of presentation show the following ratios; the Sacro-Iliac presentations, 1 in every 36.45 labours or 2.7 per cent; the Mento-Iliac presentations 1 in every 120.3 labours or 0.8 per cent; and the Cephalo-Iliac presentations 1 in every 171.8 labours or 0.4 per cent.

Besides these cases we have to enumerate nineteen cases of twins which include those enumerated by the late Dr. McCulloch and one case of Triplets. The results of these labours may be thus briefly noticed.

The offspring from the twin cases was 20 boys and 18 girls; and with regard to their mode of presentation I find that 24 presented by the vertex and 14 by the breech or feet, and of the whole number, only one, a boy, was lost. The proportion of twins to the whole births bears a ratio of 1 to every 63.3 labours. The relative weights of the males as compared with the females in these cases were detailed in my previous paper.

The Triplet case alluded to produced two boys and one girl; of whom one a boy was still born but afterwards died, although every effort was made to resuscitate it. In this case the first presented by the breech, and the other two by the vertex. The ratio of Triplet cases to the whole is as 1 to 1968. Alluding to multiple pregnancies, Churchill furnishes the following comparative ratios from British, German, and French practice, that of twins 1 to  $77\frac{3}{4}$  cases, and that of triplets as 1 to 5840 cases.

After these prefatory remarks let us examine the complications which have been manifested in the different labours.

Among the Occipito-Iliac presentations I find the vertex complicated with a collateral descent of one hand eight times; and with that of both hands once. In seven of these cases the right hand was the one which descended along with the head, the hand most commonly placed near the ear. In one case only was it the left hand. All these cases terminated favorably with one exception in which the child was still born but was afterwards resuscitated by the usual appliances. This latter case was additionally complicated with an entortillement of the cord around the child's neck. There was no appeal to operative assistance in any of these cases.

There were four cases in which the presentation of the vertex became complicated with a Prolapsus of the Funis to a greater or less extent. In two of these cases the prolapsed cord was returned and maintained above the brim of the Pelvis, the infants having been born vigorously alive; in a third case under like circumstances the child was still born, yet every effort at resuscitation was fruitless; and in the fourth case, the child had been dead for at least twenty-four hours, as afterwards ascertained. But in this case the vertex presented in the 3rd position, and although the funis was returned, it became necessary to resort to the long forceps as the head had not become engaged in the cavity of the Pelvis. This infant was of course brought into the world dead.

One Occipito-Iliac case was complicated with mania, which declared itself four days before the accouchement. Nothing peculiar transpired in regard to this event, nevertheless the maniacal symptoms continued for seventeen days after-