

This plan of treatment was originally proposed by Dr. Gaillard Thomas, of New York, in a paper published in the *New York Medical Journal* for March, 1858, and, although several years have elapsed since that time, the method proposed does not seem either sufficiently known, or, if known, is not appreciated, by the Profession. It seems very clear from the numerous methods proposed to remedy this complication, that no one of them can be depended upon for saving the child, as even in the ablest hands the mortality is fearfully great. Churchill states that practically the mortality is greater than in any other order of labour, more than half of the children in which the funis was prolapsed being lost. Collins lost 73 out of 97 cases, Clark 49 out of 66. I might extend this catalogue, but the fact is so universally admitted, whatever plan is adopted, that it will be unnecessary. Any suggestion, therefore, that holds out a prospect of greater success than has hitherto been attained is deserving of more attention from the Profession. The few published cases scarcely warrant a comparison being made between the result of the postural treatment and the numerous old methods. I feel, however, assured that when it shall come to be more generally known and recognised by the Profession, the rate of mortality will be very materially lessened; besides this, the facility with which it may be accomplished is greatly in its favour, while the entire absence of all danger either to mother or child is a matter of supreme importance. Dr. Thomas's rules are few and simple, and are applicable equally to cases where the membranes are entire as well as where they have been ruptured.

First, if the membranes are entire and the cord detected, he at once places the woman in position, and trusts to this for its return into the uterus, and uses no manual assistance.

Secondly, if the waters have escaped and left the funis below the head, he places the woman in position and pushes it up with the hand, then induces pain either by friction, or better by ergot, and if the presenting part should so occupy the pelvis as to prevent its return by the hand, he uses a gum elastic catheter and tape as a *porte-cordon*; and I would thirdly suggest, from the experience of the two reported cases, that the whole hand should be introduced into the vagina, and if the head interferes, push it up and carry the cord beyond the head, having previously induced pain by ergot.

He believes the cause of the persistence of the accident whatever may have first produced it) to be mainly the slippery nature of the cord, and, secondly, the inclined plane offered by the uterus by which to roll out of its cavity; and his principle of treatment is to invert this plane, thus turning not only this plane, but the lubricity of the cord to our advan-