

time also in the morning the day before her confinement ; on all occasions the discharge stopped suddenly, and proceeded from no accident or cause on her part. The symptoms were suspicious of placental presentation, but as she wanted a good many weeks from her full time by her own calculation, and more especially as the loss of blood had produced no particular constitutional disturbance, I risked the uncertainty by not making any examination. When summoned on the night of her confinement (twelve hours after the last flooding), I was fully prepared for the announcement that the flooding had returned ; but on inquiry I was rejoiced to learn that the waters and not blood had come off—in fact, there was not a stain upon her linen—and that the liquor amnii had been discharged. On now making an examination, I was met by the funis, not merely a loop, but a mass which the hand could scarcely grasp. She had then no pain, but she had had during the evening some weak and distant indications of uterine action. The funis was very tense, and pulsated strongly ; the head could be felt through the os, which was open to the size of half-a-crown, and very dilatable. The external parts were also relaxed. I endeavoured to return the funis while she lay on her left side, but as fast as one portion passed up, another came down. Determining to try the “ postural method,” she was placed on her knees and elbows, the pillows being removed, when, with the slightest possible pressure, the whole mass of funis passed at once into the uterus. I observed also in this, as on the subsequent attempts, that there was no tenseness of the funis, as if the present position had removed some cause of pressure or obstruction, but when in the ordinary obstetric position the cord was tense and resilient when touched. Finding that on withdrawing my hand prolapse immediately took place, I determined to induce pain, hoping that the descent of the head would prevent its return. I gave her at intervals of ten minutes three several doses of a full teaspoonful of Battley’s liquor secalis. Strong pains followed the last dose. The postural treatment was then resumed, and the funis as readily replaced in the interval of pain as before, with the exception of a small knuckle, which seemed adhering near the cervix. The next pain brought it partially down, but on a third attempt, my hand being entirely within the vagina, the funis was passed beyond the head, which was now descending, and retained there with great ease. In another pain it slipped beyond my reach, and gave no further trouble : but still the little knuckle-like portion remained, and which I now discovered to be the placental extremity of the cord and the mass of placenta itself attached closely to the cervix. The patient was now allowed to take the ordinary position, and the child was born in fifteen minutes, strong and healthy.