

some animals experimented on, Dr. Cormack found that though they recovered from the immediate danger, they ultimately died from pneumoëlia. The case mentioned by Dr. Simpson, in a communication to the late Dr. John Read, and published in his collected Memoirs, were examined, and stated to belong to a different class from those of Bessems, Lionet, and Wintrich.

Letters were read from Dr. Collins, of Dublin, and from Dr. Lever, of London, to Dr. Cormack. The former knew of no cases of death from air entering the uterine veins: the latter had seen three.

In the discussion which followed, several fellows took part.—*Med. Sur. Jour.*

MIDWIFERY.

Case of Presentation of the back at the full period of Gestation.—By W. B. Kesteven, M. R. C. S.—Presentations of back or loins are forms of preternatural labour so rarely met with, that the following case seems worth recording:—Mrs. D—, aged about 30, at the expiration of the full period of her fifth pregnancy, was taken in labour at 5 A. M. on May 28th, 1850. I saw her between 6 and 7 o'clock; the os uteri was fully dilated, the pains strong, and occurring regularly. The membranes were entire. I could not then reach the presentation sufficiently to form an exact opinion of its nature. The pains continued regular and strong. At 11 A. M. I could detect a broad flat surface about the brim, which clearly was neither head nor breech. The mother was becoming much fatigued, and no further progress made in the descent of the child, still above the brim of the pelvis. The membranes gave way at 1 P. M. I could then bring my finger in contact with a greater surface of the presentation: I felt what I supposed to be a shoulder, and considered that the occiput was resting on the pubis. I then considered it to be my duty to turn, without waiting for assistance, as the pains had been strong for between seven and eight hours, and the patient's strength was becoming exhausted, and there appeared no chance of the position of the child being changed by the natural action of the uterus. On passing my hand into the uterus. I found

that what I had supposed to be the shoulders was the crest of the ileum; and that my hand, in passing to the fundus of the uterus, traversed the length of the back, and came in contact with the vertex, situated posteriorly in the fundus of the uterus. I then passed my hand (the right hand) over the body of the fœtus anteriorly, and, fixing my forefinger in the groin, brought down one leg into the vagina; at the same time pressing the body of the child upwards into the cavity of the uterus, and delivered footling, bringing down one extremity only.

The child was apparently still-born, but the means employed for its resuscitation were successful after having been perseveringly employed for an hour.

The mother had a speedy and perfect recovery. It may be remarked, that in her preceding labour I had been obliged to have recourse to the use of the forceps for the delivery of this patient, owing to an arm having passed into the vagina with the head.

REMARKS.—The rarity of this form of preternatural labour is shown by the following notices, collected from numerous obstetric authors:—

Dr. Merriman, in his treatise on "Difficult Parturition," states—"In the very extensive practice of my uncle, the late Dr. Merriman, and in my own practice, amounting together to nearly 20,000 labours, no instance has occurred of either of these presentations, except in one or two cases where the mother had not completed her seventh month of utero-gestation, and in these the children passed double through the pelvis." Dr. Merriman, however, relates one case which was communicated to him by a practitioner in the country, and states that he was informed by another friend that he had twice met with the presentation of the back.

The advice given by Dr. Merriman, on theoretical grounds, for the management of this case, is precisely such as it was found practically necessary to follow in the case that has been now related. "Should such an unusual case occur," observes that author, "it is possible that in the course of the labour the presentation would be changed to one more favourable. If no alteration in the position took place spontaneously, the introduction of the hand would be neces-