tained that she had been in hard labor during the night, and that the membranes had ruptured seven hours prior to my arrival. Her pains being very strong with but brief intervals, I at once resorted to an examination. I found the right arm in the vagina, with the palm of the hand presenting towards the inner side of the left thigh of the mother. In the upper portion of the vagina were several folds of the funis, in which I detected strong and distinct pulsations. After having remained with the patient about half an hour, observing, during each pain, whether the child advanced or changed position, (neither of which occurred,) I determined on an exploration, in order to determine the practicability of bringing down the feet. After placing the patient in a convenient position, I slowly passed my right hand up into the uterus. As soon as my hand reached the axila of the child, it encountered considerable constriction from the uterus. After exploring for the neck and head, I directed my hand in search of the feet —passing it up, with the palm applied to the right side of the child, until it reached the ilium; beyond this point my hand would not pass, with the degree of force employed, which was sufficiently great to be compatible with safety or advantage. The uterus had firmly and persistently contracted around the pelvis and over the crest of the ilium. I retained my hand for some time in its position, hoping to be able to insinuate my fingers beyond this point of constriction, and gain the feet, but was compelled to desist and withdraw my hand, and give over the attempt. My exploration discovered the position of the child to be as follows: its right side presented towards the left iliac fossa—inclining somewhat towards the sacrum. The right side of its neck was projected against the pubic arch, near its junction with the right ilium, the head occupying the right iliac fossa anteriorly. In this position it seemed to be firmly and persistently maintained. The impossibility of the expulsion of the child (it being evidently above the medium size) without decided manual interference, the great risk to the mother from an attempt to turn, so long after rupture of the membranes, with the firm and constant constriction of the uterus about the child, induced me at once to propose the advice and co-operation of another physician. By agreement, Professor M. B. Wright was sent for, it then being between nine and ten o'clock. Expecting some delay (on account of the numerous engagements of physicians, generally, at that time,) I left the patient for the purpose of visiting some cases of cholera; with the understanding that word should be left at my residence, when it would suit Dr. Wright's earliest convenience to meet me in the case. Unexpectedly to me, the attendance of Dr. W. was secured immediately—a contingency provided for, however, by my request, that should he return with the messenger, and before my return, to accompany my partner, Dr. Morgan, and do in the case as they thought best for the safety of the parties concerned. Being absent about one hour and a half attending to prior professional engagements, I returned by the house of the patient, and was informed that Drs. Wright and Morgan had been there about half an hour before, and that Dr. Wright had interposed in the case, being in too great haste to await the uncertain period of my return, I at once made an examination and found the arm returned and the *vertex* presenting. The funis was prolapsed, but without pulsation; observing the progress of the head during three or four pains, I found it disposed to descend, and only delayed by the resistance of the parietal protuberances. I then ordered *secal cornutum* in twenty-five grain doses every twenty minutes (as she seemed very much exhausted, and the pains inefficient) of which she took two portions. The pains became more energetic, and in about one hour from the time of taking the first dose, the child was expelled —lifeless. I judged its weight to be about nine or nine and a half pounds. A careful external examination gave no clue to the probable cause of death—it had been dead but a short time prior to delivery.

Mrs. S. had a rapid and uninterrupted convalescence.

Dr. Wright's mode of manipulation in the case, was as follows:—The patient being on her back—across the bed (in the usual position for *turning*) he introduced his right hand, passed a couple of loops of the prolapsed funis around the child's arm, and then returned it—converting it into a shoulder presentation. He then grasped the shoulder