

could not make out distinctly its nature, but thought it was a footling. About 10 o'clock, during a sharp pain, the waters escaped, and she was not long in making out the character of the presentation. She found the funis and left arm presenting and I was consequently summoned. An examination revealed that the membranes were ruptured, the waters totally evacuated, the funis largely distended and hanging through the os externum, pulsation feeble, the left shoulder presenting, and the left arm engaging the vagina; the parts were hot and tender from perhaps too much manipulation. As each pain, by forcing the child in its unnatural position into the cavity of the pelvis, was thereby lessening the chances for assistance, I at once decided on podalic version. With some difficulty I succeeded in introducing my left hand through the os uteri, and after considerable search secured the left foot. By gentle traction, during the absence of pain, I brought it down sufficiently to secure the other, and by moderate traction during the intervals of uterine contraction, I delivered the feet. The rest of the labor was conducted as an ordinary footling case. From feeble circulation of the blood, necessarily arising from the pressure that had been exerted upon the cord during labor, the child was still-born. A few smart slaps on the buttocks and a dash of cold water excited feeble efforts at respiration. The cord was now separated and the child shortly afterwards presented the appearance of a fine healthy boy, weighing about 12 pounds. Some difficulty was experienced in removing the placenta, a small portion of it being adherent to the surface of the uterus. As a consequence, considerable hemorrhage took place before the removal of the secundines. My patient was now very much exhausted, and I began to fear that she would not rally from the shock, especially did the case appear alarming, as the uterus seemed flaccid and not disposed to contract. I dipped my hands in ice-water and applied their palmar surfaces over the uterine region. This produced vigorous contractions, and I now administered a little carbonic acid water, following with toast-water and wine, a large compress was laid over the uterine region, and a broad bandage, extending from the sternum to the symphysis pubis was tightly applied, with orders for my patient to remain perfectly quiet, in the horizontal position, for 6 or 7 days, and to use the bedpan and urinal as occasion might require. At the expiration of a fortnight she was able to sit up in bed, and by the