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TREATMENT OF TRANSVERSE PRESENTATIONS.

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As transverse presentations are the worst forms of dystocia met with in practical midwifery, I am pleased to submit to the medical profession the treatment of a perplexing case that occurred in my practice:

Mrs. M—, residing in Kas, U. S.—aged 20—primipara—was taken with labor pains on Saturday, Oct. 22nd. I was summoned in consultation on the following Monday. I was informed that the *liquor amnii* had discharged about mid-day on Sunday, and that since that time the patient had been very restless, and the bearing down pains inefficient up to six hours before my arrival, when they had entirely ceased. I found her very irritable and restless. She complained of a very severe pain in the head, rigor, and abdominal tenderness. She had considerable nausea, and vomited frequently.

I made a thorough examination and found the *os* well dilated, and the child in the *right cephalo-iliac* position, with *left shoulder* presenting; the head of the child being distinctly felt from without in the right iliac region, the dorsum to the front, and the left shoulder pretty well down in the pelvic cavity, but not apparently wedged tightly.