

Case 3.—*Presentation of the vertex, complicated with prolapsus of the funis, left hand, right foot, and left lateral plane.*

This case occurred since my connection with the Hospital and was reported in the Montreal Medical Chronicle for June 1855, by Mr. (now Dr.) Kollmyer the gentleman who was in attendance upon it; I will therefore give a *résumé* of it.

Bridget B. aged 28, married, strong and healthy, applied for admission into the U. L. H. on the 23rd March 1855. The present is her fourth pregnancy, nothing untoward having occurred in her previous accouchements.

Labour supervened about 10 A. M. on the morning of the 22nd April and having been summoned, Mr. K. found on examination, the os uteri thick, moist, cool, and yielding. The pains continued, and the membranes ruptured about 1. P. M. when a very large quantity of liquor amnii escaped.

On examination immediately after this event, a loop of the umbilical cord presented itself externally, but no other presenting part could be reached by the finger. Thinking it a case for version a dose of opium was administered, and I was sent for. On my arrival at the hospital, after introducing a considerable portion of the hand, I detected the occiput presenting above the brim, and inclined towards the mother's right sacro-iliac synchondrosis, but so much so as to impress me with the idea that the labour might terminate spontaneously, if no other obstacle intervened. A little to the left of the occiput, a careful examination still further detected a foot, which was diagnosed to be the right one, and a little higher up a hand, which turned out to be the left one, while stretched across the brim of the pelvis lay the child's left lateral plane, and the umbilical cord still pulsating was prolapsed. By the application of the stethoscope the pulsations of the foetal heart were heard, and counted at 40 in the minute, thus indicating the extreme danger in which the child was placed. I at first imagined that I had to deal with a case of multiple pregnancy, but on carefully examining, the fact was ascertained that the funis, foot, occiput and hand all appertained to the same child. An attempt was made to return the prolapsed funis, and push up the inferior extremity and body so as to permit a more complete engagement of the occiput, but the powerful uterine action which was going on utterly precluded this manœuvre. By this time the pulsations in the cord had ceased. Having resolved upon the immediate operation of version, chloroform was administered, and when its anæsthetic influence had been secured, I proceeded to its accomplishment, by seizing the right foot, and bringing it into the vagina, where it was secured by a fillet; with some difficulty I next succeeded in seizing the other foot, and the labour then progressed as usual until the delivery of the arms. With very great difficulty the posterior or sacral arm was made to effect its curve over the child's chest, but all attempts to perform the same operation with the anterior or pubic one proved unavailing. This arm was found to have become crossed behind the child's neck and rested on the brim of the pelvis. This difficulty necessitated a recourse to the blunt hook. This instrument was passed upwards along the back of the child, and fastened upon the shoulder, which was brought by careful traction into the cavity of the pelvis,