

had passed. Her convalescence was uninterrupted, and her child, healthy at birth, continues so.

I might remark that the pelvis was capacious, the os dilated, and the pains powerful; and I can only attribute the *non-exit* of the child, at least an hour sooner, to the abnormal shortness—about eight inches—of the cord.

Après to the latter I might here describe another interesting case which I attended on the 10th inst. Mrs. M—— was in labor with her eighth child. As soon as the occiput emerged I found the cord tightly entwined around the neck, but I succeeded, with more than usual difficulty, in slipping it over the head.

To my great surprise the child—a remarkably large and well developed one—was “still born,” and our greatest efforts failed to reanimate it. From the first both child and funis were pulseless and very pale. Finding all in vain I divided the cord, from which not a drop of blood exuded.

The explanation was soon evident, for on the expulsion of the placenta soon after, I discovered a common, plain knot on the cord about six inches from its junction with the placenta. Up to this point the umbilical vessels were distended with blood. The knot must have been slack till the descent of the child tightened it, and thus interfered with the circulation. The mother was sure she felt the fetal movements up to half an hour before its birth. The labor was in every other respect a natural one.

April 26th, 1873.

CASE OF COMPOUND PRESENTATION.

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Mrs. E——, æt. 42; nervous temperament, delicate physique, has borne seven children; labors always tedious, first labor, footling, child dead, third labor breech presentation, delivered by a midwife of a still-born child. In her seventh, or last confinement, I was called to see her about 2 o'clock, on the 20th of July, 1872. Her midwife, who had attended her in her previous confinements, told me that she was taken in labor on the previous day, about 2 o'clock; that she found on examination a mal-presentation, but