its position, and it advanced along with the hand, which it was found impossible to return. The shoulder became pressed under the chin, and the forearm and hand became extended along the face and parietal bone. The child was born alive but died thirty hours afterwards. The parietal bone was found to be distinctly indented by the hand and fingers of the infant at the time of its birth.

I think there can be no doubt that version performed by external manipulation, may be far more frequently resorted to than it is, and that this means of converting an unfavourable presentation into a favourable one has been to a very great extent lost sight of. It is scarcely taught in the schools, and rarely alluded to even in obstetrical works, but it is an operative procedure of great merit, and should be attempted in all cases, if the *accoucheur* is fortunate enough to see his patient before the membranes have ruptured, some portion of the infant's lateral plane presenting, the head not very remotely placed from the centre of the brim of the pelvis, and at the same time no unfavourable complications existing which may demand a prompter termination of the labour than this method affords, whether for the sake of the mother or the child. Under such circumstances, this method should be adopted in preference to submitting the mother and her infant to the hazards necessarily encountered in the performance of podalic version. A case occurred in my own private practice about three months since, which exhibits the feasibility of the operation, and the comparative ease with which, at least, in this instance, it was performed. Mrs. McH———, whom I had twice previously attended in her accouchements, sent for me in her fifth. In the fourth labour the infant presented by the breach, but beyond this all went well in the preceding ones. She was tall, and rather slenderly built, but well proportioned. The labour had been in progress about a couple of hours before I arrived at her house, and on examination, I found the os uteri dilated to about the size of a crown, the membranes protruding to a slight extent, and enclosing, what after some difficulty I made out to be an elbow. The globular form of the fœtal head was distinctly enough traceable in the left iliac region. Bearing in mind the success obtained in the case above reported, I resolved, as the uterine action was not urgent, and intervals of several minutes occurred between the pains, to attempt to bring the head to the superior strait by means of external manipulation. Placing one hand on that portion of the abdomen opposite the child's head, and the other on the part opposite its nates, by gentle pushes and impulses, I felt the head, after about twenty minutes manœuvering, gradually receding from its position; and at an ensuing vaginal examination, I had the satisfaction of feeling the vertex, the elbow having completely disappeared. By this time the pains had become more rapid and efficient, and were fast losing their primitive character. A severe bearing down pain soon came on during which the membranes ruptured, and in the course of about an hour afterwards, the vertex presented at the vulvar aperture in the first position. I am fully of opinion that this procedure may be more frequently resorted to than it is. After the membranes have ruptured, this operation becomes impossible. In a late number of this journal there appeared in the periscopic department some remarks by Dr. Noeggerath, of New York on this subject.