tilled upwards and when the left hand was applied to the abdomen, fœtal movements could be distinctly felt. The condition of the breasts and other signs pointed clearly to pregnancy.

Having never seen or heard of such a case I was somewhat puzzled as to the best mode of treatment. After ordering her to bed I placed her on her side with hips slightly elevated and knees well drawn up with the hope that the womb and its contents would rise above the superior strait and remain there. With slight pressure the mass receded, and I gave an astringent injection, used tampons, applied a T bandage and left her feeling comparatively comfortable, with strict orders not to change her position. On visiting her next day and removing the tampons I found the parts much as I had left them with the tumor higher in the abdomen. After a few days the tampons were discarded and in ten days she felt so well that she left her bed, but soon again to be visited by her former symptoms. She then sent for Dr. Coughlin of Hastings, who treated her as I had with the exception of the tampons. About one month after my first visit (eighth month of pregnancy) Dr. Coughlin and I visited her together and found her in a semi-recumbent posture with the mass protruding as before but intensely inflamed. Dr. Coughlin suggested a rubber pessary but she could not wear it. During the next month the mass protruded as soon as the appliances were removed.

On November 15th the mass receded within the vulva and remained in that position until the 19th when it again protruded. In a few hours after the protrusion the membranes broke and the water escaped. I was immediately summoned and upon examination found the cord and a foot presenting about an inch beyond the os which was now out of the vulva, and so dilated that I could easily replace the cord with my hand. There was no elongation of the cervix and the lower part of the womb was in the vagina. I pushed the os and presenting parts within the vulva, told the husband of the seriousness of the case and Dr. Bogart was called in consultation. We decided whatever was to be done had to be done at once as the cord and foot were gradually advancing. We tried different means of replacing the cord such as the postural position, etc., but to no purpose as the cord persistently came down. We then placed the cord behind the pubes to save the child being asphyxiated. As there were no contractions of the uterus we waited a while, the cord ceased pulsating and the foot and uterus kept coming lower, the os being now out of the vulva. What was causing the descent, I do not know unless it was the laxness of the uterus and the roomy pelvis.