

ings a convulsion ensued, slightly reduced as to the intensity of the spasm, and various others followed in quick succession. The os uteri being high up, was reached with some difficulty. It was dilated about the size of a fifty cent piece, through which the membranes could be distinctly defined. These I ruptured, and gave exit to a quantity of liquor amnii, the second only direct mode in which uterine irritation could be allayed, the first being the removal of the fœtus. Convulsions still continued at short intervals, and the os uteri in a short space of time being sufficiently dilated, I introduced the hand, beyond the head, which appeared to be descending in the first position, grasped the feet, and without much force being employed, the fœtus was drawn back into the cavity of the uterus and extracted. Delivery being accomplished, the convulsions ceased, and consciousness was gradually restored. During a period of at least 30 hours, she had no recollection of what had transpired. The placenta was removed readily; lochia rather scanty, and of a greenish colour. Fœtus had the appearance of being dead for some days, no motion having been detected for at least a week. Attention was now directed to constant *repose within the sick room*, rest, moderate diet, regular sponging of the pudendum, and after the lapse of ten days, she was remarkably well, and able to move about in bed with surprising ease and comfort. In the above case the predisposing cause of convulsion was purely of a *psychical* character, and depending upon mental emotion, which operating on the uterus and through it on the fœtus, might thus have induced "ITS DEATH," the exciting cause, and constant source of uterine irritation, the arrest of which by delivery, was absolutely necessary in order to prolong the life of the mother. Hence the necessity in such cases of giving immediate attention to all sources of uterine irritation whether centric or eccentric.

*Case III.*—Impeded labour from dorsal displacement of the arm.

Mrs. K., æt. 47, has borne six living children at the full term, and never the subject of miscarriage. The generality of her labours have been so easy and expeditious, as not to require the assistance of a medical man. July 20th, 1861, 6 A.M., I was summoned to attend Mrs. K., and upon enquiry found that she had been already in labour from 9 P.M. the previous evening, and, as usual, under the guidance of a midwife. Liquor amnii escaped; os uteri fully dilated; pains of a strong propulsive character, but not sufficient to induce any advancement of the head beyond the brim, where it appeared detained, although the capacity of the pelvis seemed sufficient for its exit, the presentation being in the first position of Nægele. The uterine efforts were not deficient in their action, and without some existing abnormality the head must have made some advancement. As the vital powers appeared already to have suffered from the detention in her present position, I without much delay, introduced the hand and detected the right forearm lying behind the occiput, and the right elbow behind the right ear of the child. Being perfectly satisfied as to the position of these parts, I without much difficulty, succeeded in displacing the arm during the absence of uterine contraction, much contrary to my own expectation, being of opinion, that the labour could only be accomplished by podalic-turning. This being effected, the head made considerable advance, when without any delay the forceps were applied and the child delivered; a male of average size, perfect in every