lumbar region the two sides be symmetrical; then I decide against mechanical support, and in favour of gymnastic exercises and partial recumbency. If, on the other hand, in the stooping position, there be a decided bulging of the ribs, or of the lumbar muscles on one side, with depression on the other; then I decide in favour of mechanical support combined with partial recumbency.

I have now endeavoured to define the limits within which lateral curvature of the spine may be considered as curable, and also to point out the means which, in my opinion, may be safely relied upon as directly curative. The general result is, that in the ordinary forms of lateral curvature there is a stage in which it is possible to effect a complete and permanent cure; but this stage of curability is of limited duration, lasting probably not more than one or two years. It belongs to the early stage of the affection when the structural changes are slight and recent, and when we have youth and growth in our favour. If this opportunity of curing a spinal curvature be lost, the patient must take the chance either of spontaneous arrest of the curve, which occurs in some cases in which the curves are about equal in length; or of increase of the curvature with deformity and loss of health. The only possible benefit under these circumstances will be to arrest the progress of the curvature and remove the cause of pain, which may generally be accomplished by mechanical support.

Other means than those referred to have been recommended by different authorities, such as cutting the spinal muscles, first introduced by M. Guérin, and which is now being revived in this metropolis by some surgeons. But claims of this, together with other methods of treatment, I have, in my work on *Lateral Curvature of the Spine*, analysed, and rejected as curative means; and the limits of this paper would not admit my entering upon the subject on the present occasion.

CLINICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

ACUPRESSURE.

By J. P. SWANTON, M.D., Bantry.

WHILE acupressure is *sub judice*, it may be interesting to Sir James Y. Simpson, and those able men who are workers with him in trying to ameliorate human suffering, to know that, through the medium of our valuable JOURNAL, the subject is attracting favourable attention.

An opportunity was lately afforded of testing those principles, which appear so easy of application and so reliable. A middle-aged woman desired the removal of a malignant tumour of the breast. In many respects, the case was unfavourable for operation; the disease had existed for several years; the tumour was for some time ulcerated in two or three places, and the axillary glands were decidedly implicated. However, at her urgent request, and in the hope of giving a longer period of comfort, it was decided to remove the offensive mass. Chloroform was given, and acted admirably. Two vessels demanded attention. Needles were used, according to the fifth method (twist); and though the first attempt was not effectual in completely arresting the flow, they were immediately removed, and a larger portion of the vessel secured. A smaller vessel required torsion. Our old acquaintance, the ligature, was at hand, but was not called into requisition. After leaving the wound, a very considerable one, open for some hours, and applying cold water, the edges were brought together by silver wire, and wet lint applied, covered with a light bandage. In forty hours, the wound was dressed. One needle came off with the lint; the other required no force. The union was most satisfactory along the line of the wound, with the exception of the track of the needle, where a few drops of pus appeared. The sutures were removed at the same time, and adhesive plaster applied to keep the parts *in situ*. Unfortunately, in the next twenty-four hours, erysipelas of a severe character attacked the skin over the axilla, and soon affected the wound; the healing process was arrested, and the wound gaped. Now, at the end of a fortnight, it is healing favourably; the erysipelas has subsided; and I trust the patient will soon be able to return to her home.

Should another opportunity be afforded, I certainly shall try acupressure again, as I believe it to be worthy of a fair trial; and, in this case, the steps of the operation, except the introduction of the sutures, were almost painless, thanks, under Providence, to Sir James Simpson.

ON THE CONTINUANCE OF THE MAMMARY SECRETION WHEN THE URINE IS SUPPRESSED IN CHOLERAIC COLLAPSE.

By WILLIAM SEDGWICK, M.R.C.S. & L.S.A.

AMONG the many difficulties attending the investigation of choleraic collapse, there is, perhaps, none more perplexing than the fact of the mammary secretion being uninterrupted when the urine is suppressed; and it has been only during the later epidemics of the disease that there has been any attempt to give a scientific explanation of what has been very commonly regarded as a pathological paradox. With reference to this subject, it may be remarked, that two theories have been lately advanced by distinguished writers on cholera, one of which is based on a finely adjusted hyperæmia of the sympathetic and spinal nervous systems, and the other on the chemical composition of the secretions; but both of these theories appear to have failed to gain the approval of the medical profession either at home or abroad. The fundamental error in both of them is traceable to a supposed necessity for physiologically classifying the urinary and the mammary secretions together; in consequence of which, it seems to have been very generally, though for the most part tacitly, assumed that, in other diseases of a less abnormal character than cholera, an arrest of the urinary secretion during collapse would involve a corresponding arrest of the secretion of milk. So complete, indeed, has been the failure hitherto to account for the continuance of the mammary secretion during cholera collapse, that M. Desnos (*Nouv. Dict. de Méd. et de Chir. Prat.*, tom. vii, art. "Choléra Asiatique", p. 418: 1867), in one of the latest and most elaborate articles on cholera which has been published in France, although he has cited both of the writers above referred to, yet passes over their theories about the continuance of the mammary secretion without notice, and merely ventures to remark that "it is curious to see that, in a pretty good number of severe cases of cholera, in the midst of this frightful disorder of all the functions, the lacteal secretion is not dried up; and that the menstrual flux is not arrested in its course." In this short paragraph, M. Desnos appears, however, to have approached nearer than he was aware to a solution of the difficulty; for the occurrence of the mammary secretion during cholera collapse, when, for example, the urinary secretion is totally suppressed, is undoubtedly due to the former being associated with the reproductive function, whilst the latter is associated with nutrition. Consequently, the influence of cholera on lactation must be studied in connexion with the influence of cholera on menstruation, on pregnancy, and on the life of the foetus itself, before it would be allowable to theorise on the continuance of one secretion, and on the arrest of another. When thus studied, it will be perceived that the occurrence during cholera of the mammary secretion is in no respect exceptional; for, as regards the reproductive functions generally, there is satisfactory evidence to prove that menstruation may, like the mammary secretion, occur during the algid stage of the disease, without being either delayed, diminished, or checked; that the liability to abortion is, for the most part, limited to the early periods of pregnancy, and that the blood lost on such occasions is not unfrequently florid; and that, towards the full term of pregnancy, not only does the liability to abortion usually disappear, but that the life of the foetus may be fully maintained during a prolonged algid stage of cholera, and even after the life of the mother has apparently ceased.

The influence of cholera on the mammary secretion itself is to be regarded as not simply negative in permitting, as it were, a little milk to be secreted when the circulation fails and the urine is suppressed, but it has, moreover, the effect of so far positively increasing this secretion, that the mammary glands sometimes become painfully distended during the algid stage of the disease, and gorged with milk before death. This appears to have attracted notice very early in the history of cholera; for Mr. T. M. Greenhow (*Cholera as it has recently appeared in the Towns of Newcastle and Gateshead*, 1832, pp. 44-46) recorded, in 1832, the case of a woman, aged 42 years, who was nursing a child of eighteen months old when attacked by the disease, from which she died on the second day. "The secretion of milk," he informs us, "continued during her illness, [and the] breasts became gorged before death." The pulse in this patient failed early in the attack, and the urine was throughout totally suppressed. In commenting on the mammary secretion during collapse, Mr. Greenhow remarks, that "the same fact has been noticed in other cases"; and he cites the evidence of Mr. Frost and Mr. John Fife, who had met with similar instances. Mr. Henry Bird (*Lancet*, Oct. 27th, 1832, p. 147) has recorded that a cholera patient under his care, "in a state of perfect collapse, and who was suckling an infant, had not the secretion of milk in the least degree im-

peded." Magendie (*Leçons sur le Choléra-Morbus*, 1832, pp. 27-28) about the same time, in Paris, had occasion to order the breasts to be drawn during the algid stage of the disease, in consequence of overdistension with milk, which caused pain. In later times, frequent allusion has been made to the subject, both in our own and in much of the foreign literature of the disease. The celebrated Professor Betti of Florence (*Sul Colera Asiatico che contristò la Toscana nell'anni 1835-36-37-38*, Firenze, vol. i, p. 264: 1856), has referred to cholera patients in whom "the secretion of milk continued so abundant for all the algid period, and for some of the period of reaction, that it consequently became necessary to adopt the customary expedients for checking the pain in the breasts of the lying-in women;" and he has specially recorded the case of a woman whom he saw in consultation with Dr. Chiorini, "in whom the secretion of milk persisted in such abundance that it became necessary to draw it off." Dr. E. A. Parkes (*Med. Times and Gazette*, Aug. 25th, 1866, p. 211) has recorded the case of a woman who died after thirteen hours' illness, in whom the breasts were "as turgid as if she had not suckled for thirty-six hours;" and, in the cholera cases under the care of Dr. A. Clark at the London Hospital in 1866, it was noted that, "in four cases attacked with cholera whilst suckling, the secretion of milk continued undiminished, and proved very troublesome" (*London Hospital Reports*, vol. iii, 1866, Appendix, p. 449). This persistence of the mammary secretion may, therefore, be accepted as a recognised fact; and it is interesting to notice the great stress which has been laid on it by many, and especially by Italian writers, some of whom have been disposed to adopt the opinion entertained by Magendie, that it is due to the nearness of the mammary arteries to the centre of the circulation (Namiás, *Lessoni Orali sul Colera, Venezia*, 1865, p. 40). It will be sufficient, with reference to this opinion, to state that it is obviously inconsistent with an undiminished secretion of milk.

The influence of cholera on menstruation has been specially noted by MM. Briquet and Mignot (*Traité Pratique et Analytique du Choléra-Morbus, Épidémie de 1849*, pp. 374-5: 1850), who state that they had the opportunity of observing cholera in connexion with menstruation in twenty-two cases; and they found that, in the cases where cholera began during the menstrual flux, and in those where the exhalation appeared during the first two periods, notwithstanding the powerful attraction which draws the liquids to the surface of the intestine, the blood continued to obey another appeal, which, by attracting it to the uterus, resulted in menstruation. They observed that twice only, out of seven cases, were the menses suspended during the algid period of the disease; that, in the other five cases, menstruation continued when the urinary secretion and the greater part of the other secretions of the body had ceased to appear; and that, out of thirteen cases in which the menstrual flux supervened during the period of reaction, ten recovered. With respect to this large proportion of recoveries consequent on the development of menstruation during cholera, Professor Zarlanga of Naples has remarked that the occurrence of uterine hæmorrhage has often been a favourable crisis in the disease. (Cited in *Arch. Gén. de Méd.*, 3e sér., tom. 3, 1837, p. 242.) M. Decori (*Relation de l'Épidémie de Choléra de 1865 à l'Hôpital Saint-Antoine*, p. 74) has observed the same fact; for, in thirteen cholera patients in whom he noted the menstrual flow, twelve recovered, and only one died. Dr. E. A. Parkes (*loc. cit.*, pp. 210-11) mentions the following five cases, which came under his own observation in 1849. "In one woman, the catamenia appeared three days after the usual time during the early diarrhoeal stage, after which the patient, according to her own account, had had more than one hundred stools; and continued for about twelve hours during the early cold stage, then ceased. The patient died in reaction, without their reappearance. In another woman, the catamenia, having appeared two days before the attack, continued, though scantily, through the cold stage. In a third woman, aged 50, the catamenia appeared, after an absence of nine months, at the commencement of reaction. In a fourth patient, the catamenia, having naturally ceased three days before the attack, reappeared during reaction. In another case, the catamenia appeared at the usual time, during reaction." It was specially noted in the cases which came under the care of Dr. A. Clark at the London Hospital in 1866, that menstruation "continued unchecked in cases where it had commenced before the attack of cholera. In one case, it came on during cholera, at the regular period, before reaction was established." (*Loc. cit.*, p. 450.) Menstruation has, moreover, been observed, even during the severest collapse, to continue uninterrupted till death. Among the cases in which this has been noted, is one recorded by Mr. Henry Bird (*loc. cit.*, p. 147), who remarked that "a woman who was admitted into the St. Pancras Cholera Hospital in a state of perfect collapse, and who eventually died from the disease, was menstruating at the period of her attack, and continued to do so until her death." So frequently, indeed, has menstruation been associated

with cholera, that the late Dr. John Mackintosh and other writers have alleged that there is a predisposition in women at the menstrual epoch to the disease; and Dr. Keiller, in lately referring to the subject, has suggested that "this great liability of women while menstruating (to cholera) might be accounted for by the fact of their comparatively lax condition of bowels at that time."* (*Edinburgh Medical Journal*, vol. xii, 1867, p. 662.)

With respect to the influence of cholera on pregnancy, MM. Bouchut and Millet have tabulated one hundred and twenty cases of pregnant women attacked with cholera, in sixty-six of whom, or 55 per cent., the pregnancy has pursued its regular course. (Cited by Briquet, *Rapport sur les Épidémies de Choléra-Morbus qui ont régné de 1817 à 1850* [*Extrait des Mémoires de l'Académie Impériale de Médecine*, tom. 28], 1867, p. 238.) The observations of MM. Briquet and Mignot (*op. cit.*, pp. 370-2) extend only to five females who were pregnant when attacked with the disease. One of these, three months gone, recovered; and two, respectively five and six months gone, died, one in the algid stage, and the other in reaction; whilst the other two, respectively four and five months gone, died towards the end of a period of reaction, which had already lasted many days, without having aborted. In one of these last two patients, the movements of the fœtus were felt perfectly two days after the patient had passed through a very severe algid stage of the disease. M. Talon (*De l'Influence du Choléra sur l'État Puerpéral*, Paris, 1850), in his inaugural thesis, founded on seventeen observations made in the service of Professor Dubois of Paris, records that, of ten women pregnant at periods varying from two to eight months, and who recovered from cholera, one aborted, and the others went the full time, and were delivered of well-developed infants; three women died who had previously been delivered prematurely, but after the eighth month, of dead infants; and four women died undelivered. Dr. Murray of Edinburgh (*Edinburgh Medical Journal*, vol. xii, 1867, p. 663) has attended a case of cholera in which the patient was eight months pregnant, and no miscarriage occurred; and Dr. S. Smith of Edinburgh (*ibid.*) has mentioned "two cases of cholera in pregnant women—one at seven, and one at eight months—where both recovered without any uterine action coming on." It is important also to notice, in connexion with this subject, that a flow of florid blood has occasionally been observed in cases of abortion during cholera, as in two cases which occurred in the practice of Dr. Boyd Mushet at the St. Marylebone Infirmary; whilst in a case of cholera with abortion at the third month of pregnancy, recorded by Mr. Henry Whitmore (*Medical Gazette*, vol. x, 1832-3, pp. 258-260), there was at first a discharge of black blood from the uterus, which, before the close of the day on which the abortion occurred, was observed to be florid in appearance, and of the usual quantity.

With reference to the influence of cholera on the life of the fœtus, it has been observed by Hohl (cited by Dr. Alex. Knox, *An Enquiry into the actual State of our Knowledge of Cholera*, 1849, p. 60), that the placental murmur becomes more feeble, and usually less and less obvious, as the pulse sinks; but that it is rendered at once more powerful and distinct by blood-letting. In addition to cases already cited, in which the fœtus survived prolonged collapse, it may be mentioned that the late Dr. Joseph Ayre of Hull (*A Letter on the Treatment of Epidemic Cholera* 1854, p. 70) has recorded the case of a pregnant woman, aged 24 years, who was attacked with cholera, and suffered from extreme collapse, but recovered, and went her full time. In a case referred to in the *Lancet* (1834-5, vol. ii, p. 325), of a woman who, at the ninth month of her pregnancy, had cholera; the child, when born, screamed. Dr. George Sutton (*A Report to the Indiana State Medical Society, on Asiatic Cholera as it prevailed within the State of Indiana during the years 1849, 1850, 1851, and 1852*; Indianapolis, 1854, p. 46) cites the case of a lady who was attacked with cholera about the full term of utero-gestation. The labour-pains, which came on about the commencement of the disease, were suspended for twelve hours,† until the

* It has been very generally observed, that a flux from the alimentary canal in cases altogether unconnected with cholera, often coexists with a menstrual flux. This has been ably shewn to be the case in a paper on Catamenial Diarrhœa, by Dr. Tilt (*London Journal of Medicine*, 1851, vol. iii, pp. 696-702), in which it is stated that diarrhœa "is a very frequent precursory or attendant symptom of fully established menstruation"; and that "whenever there is a great increase of uterine activity, a tendency to diarrhœa may be expected"; whilst the opposite condition of amenorrhœa is commonly associated with constipation. Although the general truth of these assertions appears to have been fully confirmed by the evidence adduced, yet it may be useful to notice that when the subject was brought before the notice of the Medical Society of London, on February 22nd, 1851, some of the fellows objected to them as "unphilosophical"; whilst others were of opinion that if the facts respecting catamenial diarrhœa were true, "they would have been noticed before". It may, moreover, be remarked that, in direct contrast to the condition of the system in cholera, when an attack of acute febrile disease occurs during menstruation, the flow of blood is usually suppressed.

† The late Professor Moreau observed a case in which, in like manner, an attack of cholera suspended a labour already begun.—Briquet, *Rapport*, 1867, p. 239.

violence of the attack had passed, when they reappeared, and she was delivered of a child apparently full grown, and which survived its birth three or four hours. The mother in this case died, about thirty hours after delivery, of consecutive fever. M. Devilliers (*Bulletin de l'Académie Nationale de Médecine*, tom. xv, 1849, 1850, pp. 967-972) has recorded the case of a woman, aged 27 years, affected with phthisis, and at the end of the eighth month of her third pregnancy, in which, twenty-four hours after the invasion of the disease, the integrity of the foetal circulation was still observed. M. Devilliers then ruptured the foetal membranes; and, four hours later, he turned the child, and succeeded in delivering the woman, who died a fortnight later, from pulmonary disease. The child in this case was born dead, apparently in consequence of prolapse of the umbilical cord towards the end of the labour. M. Devilliers has moreover mentioned that he has "many times seen pregnant women attacked with severe cholera, without their existence or that of their infant having been compromised by it." Professor Betti, in his report on cholera in Tuscany, has recorded that, in seventeen pregnant women on whom the Cæsarean operation was practised after death from cholera, three infants were extracted alive; and M. Briquet (*Rapport cité*, 1867, p. 238), in commenting on this fact, remarks that "one is in consequence led to believe that at Paris some infants have been left to perish in the carcase of their mother."

Numerous and exact thermometric observations on the comparative temperature of different parts of the body during collapse, and especially with reference to the elevation of temperature in the vagina, as compared with that in the armpit or in the mouth, tend also to the same conclusion; and, although the evidence afforded by these observations may, as Mr. Simon (*Ninth Report of the Medical Officer of the Privy Council, with Appendix*, 1867, p. 511) has lately urged, be referred to the choleraic affection of the bowels being a heat-making or inflammatory process, and that, consequently, any increase of vaginal temperature is to be ascribed to the contiguity of the vagina to the rectum, yet it must be admitted that such an explanation of the increased temperature of the vagina during collapse is insufficient, if not incorrect. For, apart from the consideration of exceptional cases of so-called cholera sicca, in which the large intestines, including the rectum, have been found after death to contain, not a rice-water flux, but formed feces, there are thermometric observations which prove that the temperature of the vagina during collapse, in typical cases of cholera, is quite as high as if not higher than that of the rectum, which could not happen if the increased temperature of the vagina were due to heat transmitted from the rectum.

The influence of cholera on various diseases, and especially on those attended with serous effusions, also tends to the same conclusion. When this subject was brought before the notice of one of the Parisian Medical Societies in 1849 (*Bulletin de la Société Médicale des Hôpitaux de Paris*, tom. i, 1861, pp. 26-28 et 30; see also "Influence du Choléra sur les Maladies," par M. Limousin, *Bull. de l'Acad. de Méd.*, tom. xv, 1850, p. 860), numerous and important facts were elicited from some of the most distinguished members of the medical profession in France, showing that whilst the serous fluid, in cases of dropsy depending on organic diseases of the heart, of the liver, and of the kidneys; articular dropsies, as, for example, of the knee; white swelling, etc., is readily absorbed during choleraic collapse, on the other hand, it was shown that encysted dropsy of the ovary, in a case observed by M. Horteloup, suffered no diminution during an attack of cholera which was attended with abundant evacuations; and that in another case of ovarian dropsy of enormous size, and to some extent, therefore, beyond the control of any restrictive influence, observed by M. Bouvier, in which the patient died from cholera, there was merely diminution of the tumour observed after death. The only attempted explanation of these opposed facts which has, so far as I am aware, hitherto been offered, but which may at once be rejected as untenable, is that of M. Becquerel, who has suggested that the pathological difference in the effect of cholera on these diseases may be due to the presence of insoluble cholesterine in encysted dropsies, from which the liquid in true dropsies is free. Attention should also be given to the fact that whilst, for the most part, serous effusions generally disappear during collapse, the liquor amnii is undiminished, and the foetal membranes remain unchanged. In the cases, for example, of three pregnant women who died from cholera, it was observed by MM. Briquet and Mignot (*op. cit.*, p. 414), that the membranes enveloping the foetus and the placenta had in each case preserved their usual aspect, and that the liquor amnii had not sensibly diminished; and these observations have been fully confirmed by other distinguished observers.

Now analogy, which has been useful in lately directing attention to the primary seat of the disease, and has indicated its probable dependence on a central arrest of nutrition, seems to be equally useful in suggesting a satisfactory explanation of these otherwise remarkable phe-

nomena; for, if the argument from analogy be sound, there can be no difficulty in comprehending why the mammary secretion, or any other function associated with reproduction, should occur when nutrition is checked. It is commonly observed that plants grown in a poor and barren soil put forth flowers instead of leaves, for, when their nutrition is reduced, their reproduction is increased; and the well-instructed farmer knows, when he dresses his fields with manure, that he can, to a great extent, determine the relative production of straw and grain. It is by acting on this principle that the gardener increases artificially the production of flowers and fruit; and the hyacinth may be selected as capable of supplying a satisfactory illustration of this relation of nutrition to production; for, if the lower portion of the bulb, from which its roots or organs of nutrition are developed, be cut out, and the mutilated bulb, like an inverted egg-cup, be placed in water, reproduction in the form of fresh bulbs to a great extent takes, as it were, the place of nutrition in the form of fresh roots. It is in accordance also with the same principle, that women, who are conductors of the hæmorrhagic disease, and who are consequently liable to lose their male offspring at an early age, are, on an average, twice as prolific as other women. But perhaps the most conclusive evidence in favour of this antagonistic relation of nutrition to reproduction is presented in the life of an insect; for, when its work of nutrition is complete, the animal passes into an intermediate stage of existence, during which it is prepared for the work of reproduction, and its previously highly developed organs of digestion are reduced till they become only the rudiments of what they once were.

In conclusion, therefore, it may be urged that not only analogy, but also experimental and comparative physiology, contribute to prove that the antagonism referred to between reproduction and nutrition prevails equally in animals and in plants, as it prevails equally in health and in disease; and that the continuance of the mammary secretion during choleraic collapse is simply an illustration of what I have elsewhere endeavoured more fully to express—namely, that there is but one law in life, which is the same for all.

OBSTETRIC MEMORANDA.

[UNDER this head, we shall, from time to time, as materials come to hand from correspondents, publish records of cases remarkable in themselves, or illustrating points of interest in obstetric practice, therapeutic or manipulative. We shall probably in this way preserve from oblivion the notes of very many useful and instructive occurrences in private practice; for the great obstetric experience is that—for the most part hitherto unwritten—of the great body of general practitioners throughout Great Britain. We will only ask those who may forward cases for record, to relate them with the utmost brevity, and equally to condense any appended remarks.]

LABOUR OBSTRUCTED BY A LARGE FIBROUS TUMOUR.

By EDWARD G. CLARKE, L.R.C.P. Edin., Mold.

ON April 30th, 1868, at 8 o'clock P.M., I was requested by a midwife to visit a poor woman aged 34, who had been in labour for a considerable time with her thirteenth child. Upon my arrival, I found that labour-pains had been present, more or less, throughout the day. On examination, I succeeded in gradually introducing my hand into the vagina, and found a solid, immovable, and incompressible tumour on the left side, half-filling the cavity of the pelvis. I could insinuate my two forefingers between the tumour and the right wall of the vagina, and with some difficulty feel the head presenting. I waited for some time, to see what effects the labour-pains would have, but without success. I then tried to introduce the forceps, yet failed. Finding my patient making no progress, and becoming more exhausted, I determined to perforate the head; and, after two hours' hard work, succeeded in delivering her safely. She made a good recovery. On July 16th, the patient was perfectly well, and felt no inconvenience from the tumour.

CASES OF ABNORMAL PRESENTATION.

By JAMES WILLIAMSON, M.D., Mildmay Park.

I HAVE recently, in my practice, met with two cases of rare and complicated presentation.

On the evening of August 10th, I was summoned to attend Mrs. J., with her second child. The membranes had ruptured about an hour before I saw her; and the pains were strong, regular, and frequent. On examination, I found the funis protruding; and, having passed my finger into the vagina, it came into contact with a foot in the cavity