reflex irritation of the laryngeal nerves, due to disturbance of the peripheral branches of the pneumogastric by the tubercular processes in the lungs."

Further, I would remark that my interpretation of so-called functional aphonia, when heart disease is manifest, is far less liable to objections, and, indeed, far more probable as regards its pathology than interpretations which trace connection between aphonia by paralysis of intrinsic laryngeal muscles and remote organs, animated by nerve trunks of very different origin from those which govern vocal function.

I shall not dwell upon the existence of pain in my case at the base of the neck, and over the præcordial region, further than to refer to the fact that this symptom, which *first manifested itself* at the period when the voice was lost for the second time, is also fairly attributable to a similar cause for its production, and this appears to me to strengthen my explanation of the etiology of the loss of voice.

ART. XIX.—*Conversion of Face Presentation into one of Vertex by Aid of Knee-elbow Position.* By J. R. HUMPHREY, M.D., Snickersville, Virginia.

ON Nov. 11, 1876, at 11.30 A.M. I was called to attend Mrs. S., æt. 20, primipara. She stated that she had had pain since early in the morning. There was great anterior obliquity of uterine ovoid. Examination revealed os partly dilated, and head on a level with brim of pelvis, presenting by the face in mento-posterior position. It was decided to be best to wait and let the labour take its natural course, viz., rotation of chin to the front. At 2.30 P.M. the condition of things was much the same, with rapture of membranes added, so I determined to make an effort toward converting the face presentation, if possible, into one of the vertex. Having been led to regard the gena-pectoral position with favour as an auxiliary in certain cases of podalic and cephalic version, a trial was made of it in this case, but owing to insufficient dilatation of os, it had to be abandoned. 4.30 P.M., Dr. R. Hoge in consultation. Examination now showed that the os was more fully dilated, and that the chin had rotated toward the sacro-iliac junction. The pains at this time were tolerably strong, and we waited awhile to see what the powers of nature would accomplish unaided. Between 5 and 6 o'clock—the woman had changed her position in the mean time—the chin was found facing almost directly the anterior surface of the sacrum, and not engaged in the excavation. The intervention of art seemed to be now called for; so at my proposal we decided to try, for the second time, conversion of the presentation to one of the vertex. Accordingly we placed some pillows

under our patient's knees, at the same time letting her breast and head rest on the bed; thus bringing her body at an angle of about 60° with the horizon, and her buttocks well to the edge of the bed, I then with little difficulty introduced my hands into the uterus, and getting my fingers well over the vertex, succeeded in flexing the head on the breast and bringing it into left occipito-anterior position. The case afterwards did well but progressed slowly, terminating at 2 A. M. that night.

Cazenax,¹ in treating of mento-posterior position, says:—

"It is well known that a spontaneous delivery in face-positions requires that they should be converted into mento-pubic ones, but this process of rotation, which is easily effected in the mento-anterior varieties, that is to say, in the cases where the chin was primitively in relation with some part of the anterior half of the pelvis, is much more difficult in the mento-posterior positions, and sometimes even it does not take place at all."

He then gives a hypothetical case of mento-posterior position, very closely resembling the case just related; and recommends its conversion into one of the occiput, laying down for that purpose a rule for intra-uterine manipulation which was followed in the present instance; after which he passes upon it this withering condemnation:—

"I am now convinced that this manœuvre will rarely prove successful, therefore it should be attempted very carefully and pelvic version substituted for it without much delay."

It must be remembered, however, that the manœuvre given by Cazenax was intended by him to be used in the *dorsal position* of the woman, as he has not hinted at any other. It is the writer's conviction that Cazenax, had he used the procedure in connection with the *knee-elbow position* of the woman, would have had less cause to be dissatisfied with it. He (the writer) believes that in mento-posterior positions where rotation fails to take place or does so very slowly, and even in other face presentations, if the pelvis is not of ample proportions, it would very generally be wise to make use of it; feeling confident that it would often substitute an easy, natural labour for one tedious and painful, not to say dangerous, to mother and child.

He also ventures to state, judging from his own case, that, by aid of gravitation conferred by the knee-elbow position, the accoucheur will be able to effect a change of presentation with comparative ease to himself and his patient.

¹ Ther. and Prac. Midwifery, 5th Amer. ed., p. 845.