have been doing, I do think that, on experiment, they would find this calm exercise of the mind more agreeable to themselves than the fretful ebullitions of small passions, and certainly it might prove more beneficial to the public. Such men often have talents for better things if they would but so use them, and, when coming in contact with them, I cannot forbear thinking of the reproach addressed to Philip of Macedon, by Damades, the Athenian:—"Why do you, O King, descend to the part of Thersites—you, who might so nobly personate the character of Agamemnon?"

I here show you several bladders, from which I took away a part with the scissors, in some of them you will see where the ligatures were applied, and you may observe that the closure is complete.

sternum over the fracture, which having been opened, a considerable quantity of thick white pus was evacuated: the relief which followed this operation was, however, but transitory, and the patient died on the fifth of May, apparently with all the symptoms of suffocation. On examining the body, a transverse fracture of the sternum was found, one line and a half above the cartilage, between its two upper portions; on the anterior surface of the sternum, the periosteum was thickened, and infiltrated with pus; on the posterior surface it was extensively lacerated, the bone was broken into a great many fragments, and the whole of the anterior mediastinum, as well as the adjacent parts of the lungs, were infiltrated with purulent matter.—*Revue Médicale*.

PROLAPSUS AND RUPTURE OF THE UTERUS DURING DELIVERY.

By Dr. HENSCHEL, of Breslau.

FOREIGN DEPARTMENT.

TRANSVERSE FRACTURE OF THE STERNUM, CAUSED BY MUSCULAR EFFORT DURING BIRTH.

MARIE P., *ætat.* 25, of a robust constitution, being for the first time pregnant, felt, on the 14th of April, the first symptoms of approaching parturition; the pains were very strong and continued; but the head, which presented, being rather large, a considerable time elapsed before it passed into, and through the cavity of the pelvis. In order to accelerate the expulsion of the child, the patient used the most violent muscular exertion, and, at last, a healthy male child, of eight pounds and a half weight, was born. During the last stage of labour, she suddenly felt a cracking in the chest, and subsequently, excessive pain over the middle part of the sternum, and difficulty of respiration. On the following day the pain and dyspnoea continued, and frequent cough, with copious expectoration of purulent matter, succeeded; except these symptoms, her general health appeared so little affected, that on the fourth and fifth day she was able to leave her bed, but, on the sixth day, she was seized with shivering, respiration became very laborious and painful, and the expectoration began to be mixed with blood. On accurate examination of the sternum, M. Chaussier found an unnatural mobility between its two upper portions, which, gliding over one another on every deep inspiration, produced distinct crepitation. The patient was kept very quiet, and leeches were repeatedly applied, but no alleviation in the symptoms took place; the pain increased, respiration became stertorous, and a tumour formed at the anterior part of the

A female, *ætat.* 30, of a very weak constitution, who had, since her last confinement, been affected with incomplete prolapsus uteri, became again pregnant; during the latter period of gestation, the uterus gradually re-ascended into the pelvis, and at last regained its natural position. The incipient stage of labour seemed perfectly natural; the contractions of the uterus were very powerful; the os uteri had dilated to about half an inch, and the head had entered into the small pelvis, when, on a sudden, during a pain, the lower portion of the uterus prolapsed. On examination, Dr. Henschel found a large fleshy mass protruding from the vagina; it was of cylindric form, six inches in length, and two and a half in diameter, very tense, and of a blueish red colour; the upper portion appeared somewhat thinner than the lower, in which the os uteri, the edges of which were much tumefied, was easily distinguished. The patient was very much exhausted, and complained of excruciating pain in the prolapsed mass. The head of the child having descended through the lower aperture of the pelvis, lay between the labia pudendi, and was forcibly pressed, by the contractions of the uterus, towards the cylinder; the upper portion of which being violently distended on each uterine contraction, threatened immediate rupture. The os uteri having meanwhile dilated to more than an inch, Dr. Henschel resolved upon terminating labour by the immediate application of the forceps; which having been readily introduced, the head was without much difficulty brought towards the aperture, when the upper portion of the cylinder all at once began to burst; the forceps were accordingly withdrawn, and the head made to descend as

slowly as possible, to prevent further laceration, but without success; for when the head descended through the os uteri, the external surface of the cylinder, a little below the symphysis, presented a transverse rupture of about two inches in length, and of considerable depth, without, however, as it appeared, penetrating through the paries of the uterus. The child was born alive, but died within a few hours. After the removal of the placenta, the prolapsed portion of the uterus powerfully contracted; it became considerably shortened, but increased in thickness, so that when Dr. Henschel attempted to return it into the pelvis, its size occasioned great difficulty. This was, however, at last accomplished. On examining the internal surface of the vagina and lower portion of the uterus *in situ*, no trace of any wound could be discovered. During and after the laceration, the hæmorrhage was slight, but the sufferings and exhaustion of the patient were very great. Emollient injections were thrown into the uterus, and small doses of opium given internally. The ensuing night was very restless; the patient lost much blood, and complained of violent pain over the whole abdomen, which was tense and very tender on pressure; the upper portion of the uterus had completely contracted, but the lower was still very tumid and painful. The opium and emollient injections were continued, and a poultice laid over the abdomen. On the second night, the tension and pain of the belly considerably increased; the patient was very feverish, and in a desponding state. After the application of an emollient glyster, and some leeches to the hypogastric region, the inflammatory symptoms gradually subsided; the breasts filled with milk, and the lower portion of the uterus began to contract; so that on the seventh day it had nearly regained its natural size. The lochial flux was very profuse, and contained much purulent matter. Four weeks after delivery, the patient was perfectly cured. On examination of the vagina and uterus, no trace of any previous laceration could be discovered; the uterus was of the natural size, and in the lower portion only, there was a slight degree of tenderness.—*Siebold. Journ. für Geburtsh.*

UNUSUAL LENGTH OF THE UMBILICAL CHORD.

In the obstetrical observations of Dr. Schneider, of Fulda, a case is related, in which, during a very tedious labour, the contractions of the uterus having been almost instantaneously excited by a large dose of *secale cornutum*, a male child was born, apparently asphyxiated by the pressure of the umbilical chord, which was

twisted six times round its neck; but having been immediately extricated, the child was restored to life; the umbilical chord was five feet five inches in length.

In another case related by the same author, the umbilical chord went twice round the neck, and once round the trunk, from whence it passed between the thighs to the placenta. Besides this unusual length, it exhibited a *real knot*, which, as appeared from the gelatinous substance of the chord, had existed a long time before birth.—*Ibid.*

ANNUAL REPORT OF THE ROYAL LYING-IN INSTITUTION, AT DRESDEN.

By PROFESSOR CARUS.

The number of births which occurred during 1827, was 220, of which thirty-three required obstetrical aid, viz., one perforation, one cæsarian section, one induction of premature labour, and seven extractions; in four cases the child was turned, in nineteen the forceps were applied, and in six the placenta was detached. There was one case of three children at a birth, and four of twins; the number of males was 115, that of females 110; twenty-one girls and eight boys were born prematurely; the largest child was twenty, the smallest sixteen inches and a half in length; the weight varied from four pounds and a half to ten and a quarter. Of 223 women who were delivered, not more than seven died; the others left the hospital a shorter or longer period after delivery, perfectly well.

In one of the cases where the child was extracted, the operation was rendered necessary by the umbilical chord having prolapsed; the abdominal surface of the child being directed towards the symphysis, it was turned round its longitudinal axis, but was born dead: immediately after its birth, a violent hæmorrhage ensued, to arrest which the placenta was extracted; the uterus showed, however, no tendency to contract, the hæmorrhage frequently recurred, and the patient died on the seventh day after delivery, from loss of blood.

Perforation was performed in a case, where, from previous rachitis, almost all the diameters of the pelvis were found too small. The uterine contractions were not sufficient to expel the child, after the removal of the brain, and it was necessary to extract it. After ten days the mother was discharged cured.

The cæsarian operation was performed on an individual, in whom nearly the whole osseous system was deformed by rachitis. The length of the whole body was thirty-six inches; the distance between the *crista ilei* was eight and a half inches; between the great trochanters nine inches and a half.