The further progress of the case I shall of course be glad hereafter to communicate. I have written to my friend Mr. Tomlinson, of Burton, and requested him to keep an eye upon it, and I shall also myself take an opportunity of seeing it occasionally.

So far even the case is one of no ordinary interest, as it tends strongly, with the cases already published, to determine, at all events, one important surgical question, *viz.*, the curableness of what has till lately been considered incurable,—aneurysm of the arteria innominata; and it also bears upon the general question of the propriety, in every case, of attempting the cure of aneurysm by ligation of the vessel on the distal side of the disease.

MORBID

EXTENSIBILITY OF LIGAMENTS, WITH REFERENCE TO LATERAL SPINAL DISTORTION.

THERE is a disease which is frequently met with in hospital practice, which is generally described as a concomitant of rickets. I allude to the giving way of the knee-joint. In this complaint the knees approximate, whilst the shaft of the tibia on each side is thrown obliquely outwards. It appears to arise from a relaxed condition of the ligaments, depending on a debilitated and depraved habit of body. May not the simple pathology of this disease be allowed to throw some light on the more obscure phenomena of lateral spinal distortion? May not the capsular ligaments of the oblique processes of the vertebræ be in like manner morbidly extensible, from a similar cause? Indeed, the lateral curvature of the spine is generally to be found in those labouring under this affection of the knee; nor are we justified in attributing the former solely to a softened state of the bones, or an improper action of the muscles. That the muscles exercise a most important influence in maintaining the strength of the spinal column, we most readily admit; but the extent of their influence in the production of spinal deformity may be much overrated. It appears to me, that the great error which writers on this branch of pathology have fallen into, is that of ascribing the disease to the sole operation of one favourite cause, where many may be concerned. A weakened and vitiated state of the body is attended with general debility throughout the whole system; the muscles, ligaments, and bones severally lose their proper tonicity. Now, each of these structures may be concerned in spinal distortion. If we reflect on the action of the muscles of the spine, we shall find that many of them have a direct tendency to brace the vertebræ in contact, and retain them in apposition. Such would be

the operation of the multifidus spinæ, inter spinalis, inter transversalis, &c. &c. When these muscles lose their proper tone, an undue stress must consequently be laid upon the connecting ligaments. "When the deltoid muscle has been paralytic, the mere weight of the arm has been known to cause such a lengthening of the capsular ligament of the shoulder-joint, that the head of the os brachii descended two or three inches from the glenoid cavity."* In the same manner an elongation may be produced in the capsular ligaments of the vertebræ, from muscular debility, which would consequently admit of an unnatural curvature of the spine. The ligaments would more readily admit of this distension, from the laxity of their own structure, originating from the same cause as occasioned the loss of muscular power. That the ligamentous structure may be affected in this manner, is allowed by the first authorities. Sir Astley Cooper relates a case of luxation of the jaw being frequently produced by the mere act of opening and shutting it, from a *laxity* in the capsular ligament; and he ascribes the partial dislocation of the femur from the semilunar cartilages, to the same cause. The ligaments then become elongated, and the spine yields to the superincumbent pressure, but unfortunately the disease does not stop here. The vertebræ now make undue pressure upon each other, and upon the intervertebral substance; hence arises inflammation and its consequences, ulceration of cartilages, absorption of bone, &c. That *caries* is frequently the *effect*, and not always the *cause*, of spinal deformity, I feel fully persuaded, though I would by no means deny that it may often be the primary affection.

JAMES BOWER HARRISON.

Manchester, Oct. 6, 1836.

BIRTH OF TWINS, ONE FŒTUS LONG BLIGHTED.

To the Editor of THE LANCET.

SIR:—The case given in THE LANCET, of the 17th of September last, by Mr. Fox o Broughton, and which produced some appropriate remarks from the pen of Mr. Ingleby of Birmingham, in your journal of the 1st inst., induces me to relate a case strictly bearing upon the subject.

I attended a Mrs. C——, who was delivered of a female infant, at about 9 o'clock P.M., on the 22nd of September, 1833. The stages of her accouchement were rapid. The placenta immediately detached itself, and was removed with perfect facility. In about four hours afterwards, some sharp

* Cooper's Surgical Dict. Art. "Dislocations."

pains were presented, in the course of which a blighted foetus was thrown off. Upon examination, every part of its surface exhibited a shrivelled appearance. The skin was much thickened, and looked as if it had been submitted to the action of tannin, or as if it had been a preparation kept in spirits, and just removed from its encasement. Now, this lady dated her impregnation from the time that her catamenia discontinued, and during the whole time of gestation no inconvenience had arisen, her feelings in every respect being precisely the same as they were upon former occasions. Perhaps these facts will meet some of the queries propounded by Mr. Ingleby.

Upon a little reflection, I was led to believe that it was a twin case *ab origine*, and at about four months of gestation; that vitality ceased in the one, and was continued in the other, and that the uterus, in conformity with the preservation and advancement of the living one, acquired the power of standing out against the influence of the dead one, which, if alone, would have been expelled soon after its vitality had ceased. I was also led to suppose that the uterus is capable of performing other than the functions which are so familiar to medical practitioners, more particularly when we see that it immediately gets rid of a dead foetus, when alone *in utero*; but if it have a living associate, it is preserved, for the benefit of the latter, until the time has arrived for a general expulsion. Questions might now arise as to what chemical or other changes the liquor amnii has sustained, to enable it to preserve a dead foetus without detriment to a living one, or even to any portion of the constitution itself? And, again, what changes did the uterus itself undergo, so as to accommodate itself to such an unusual condition? Such questions I must leave for exploration to men of ardent and enquiring minds, who will, no doubt, at some time or other, elucidate the subject for the benefit of physiological science. I am, Sir, your obedient servant,

JOHN LEESON.

63, Chiswell-street, Finsbury-square,
October 4th, 1836.

SUCCESSIVE BIRTHS OF THREE DEAD FŒTUSES.

To the Editor of THE LANCET.

SIR:—On Saturday, September 17, 1836, I was requested to attend Mrs. Mapham, æt. 33, of delicate constitution, residing at Woodpark-place, Brixton. I saw her at 8 A.M., when she had been in labour since 10 on the previous night. She was at the full period of her third pregnancy; the pains had been strong, at intervals of about 15 minutes during the whole night. During

the last hour they have been less frequent and more feeble; she feels exhausted; the countenance is pale and anxious, the skin covered with cold perspiration, pulse 90, feeble; thirst moderate, tongue clean and moist; bowels open; is much depressed in spirits. Thinks the child lies “across the stomach,” as the pains have been confined to that part and the sides, and not at all in the back, as in her former labours. Has not felt the motion of the child during the last three days. Had a fright about three weeks since. Has had very restless nights, and unpleasant dreams since that time, and shivering fits several times lately. On examination per vaginam, I found that passage relaxed, and lubricated by a yellowish matter, which emitted an offensive odour. The left labium was considerably swollen, and thickened by a mass of varicose veins; the os uteri was low in the pelvis, and considerably dilated, soft, and yielding. I passed my finger on the inside of its neck, to a considerable distance, but could not reach the presentation. The membranes felt flaccid.

As she seemed exhausted, I gave her 25 drops of the sedative liquor of opium, and promised to see her again in an hour.

Ten A.M. She has had some rest, and feels more comfortable; has had only one or two pains since last visit. Twelve o'clock. Pains are now become brisk, recurring regularly every 10 minutes. She walks about the room during the intervals, but on feeling the pain, she immediately drops on her knees, holding by the side of the bed or a chair. The head can now be felt presenting naturally, the parietal bones overlapping each other, but perfectly moveable, and not compressed by the uterus. I was convinced that the child was dead, and suspected a second to be the cause of the very slow progress of the labour, by causing over-distension of the uterus. I could not, however, succeed in bringing it down for some time, though I could grasp the head easily, and used some traction. The pains continued strong and active until four o'clock, but without producing much effect on the progress of the labour. They now began to slacken, and the patient became impatient, and despondent. I then introduced my left hand, passing it beyond the head, and cautiously and slowly extracted a female foetus, rather under the ordinary size, which appeared to have been dead some days, the cuticle easily separating from the extremities, which, however, with the trunk presented the natural red colour. The umbilical cord was of the natural thickness, but, on dividing it, the vessels could not be distinguished, and no trace of blood appeared. On passing my hand over the abdomen, I could very distinctly feel a second foetus. The patient felt now more comfortable, but much disappointed at finding that the child