CASE OF
COMPLETE OSSIFICATION OF THE HEAD OF A
CHILD AT THE FULL PERIOD OF GESTATION.

By W. D. EMMETT, M.R.C.S.E., Darlington.

ON Saturday, Nov. 13th, I was called to attend Mrs. B— in her confinement. On inquiring from the husband, I found that her last labour had been tedious, requiring perforation, and that her recovery subsequently had been slow. I therefore went prepared for the worst; but on examination I was glad to find the vagina moist and cool, the os uteri about the size of a half-crown, the posterior edge thin, the anterior thick, but dilatable, and showing a tendency to overlap. The membranes had been ruptured about an hour and a half; the head was presenting, but so buoyant, that on the slightest touch it receded. The pains during the next twelve hours were trifling. On Saturday evening, about twenty hours after I had been there, there was very trifling constitutional disturbance; she had sat up at table, and taken tea and coffee as usual. Secale was administered, but rejected instantly. About three A.M. on Sunday morning, twenty-five hours after I had been called, I, unknown to Mrs. B—, applied the forceps, but without success, as I could not get the head to pass the brim.

As the patient's strength was good, and the movements of the child vigorous, I felt a great disinclination to terminate my work by destroying the child. I ordered therefore a dose of castor oil, and administered an opiate, promising to return in a few hours. I called on my friend, Mr. Jackson, who kindly met me at nine A.M. The patient had had some refreshing sleep, had passed water freely, and had had an evacuation. Mr. Jackson applied the forceps; but the head resisted all the efforts it was deemed prudent to make. We now resolved on perforating; but at the moment the instrument touched the head, it seemed to partly revolve or recede, as mentioned by Dr. Murphy in *THE LANCET* for December 18th. Turning was resolved on and accomplished, and the child easily extracted, until the head became again engaged. (Allow me here to state that the difficulty imagined to exist by Dr. Murphy will not, in those cases adapted for turning, prove of much consequence; for whether Dr. Murphy means, that the turning could not be effected, or complete delivery, comes to much the same thing,—if neither of these suffice, a still more dangerous and troublesome method must be resorted to.) To resume. With a little difficulty I hooked down the chin, and all moderate efforts being unavailing, I passed the perforator through the roof of the mouth, and broke up the base of the skull. The bones now gave way, and the child was born. Mr. Jackson extracted the placenta, and in a few minutes the patient appeared as comfortable as is generally the case after an ordinary labour. On examining the head of the child, (a full-grown boy,) it was found perfectly ossified, the fontanelles even being perfectly closed. The head measured sixteen inches under the chin, over the head, in front of the ears; sixteen inches over the parietal eminences, from before to behind; and ten inches and three quarters from one mastoid process to the other. For two days Mrs. B— had no bad symptom. The uterus remained firmly contracted and small; the bowels soft, cool, and gently open; no thirst, no headach, and the mammae soft. The urine was passed freely.

16th.—Ten A.M.: An anxious expression of countenance; eyes glistening; skin cool; tongue moist; would not speak; pulse 125, weak, and thready; there is a sudden appearance of debility, with muscular tremor. Ordered, stimuli, with camphor, spirit of sulphuric ether, opium, &c. Beef-tea &c. were administered with apparent benefit, but for a short time only. She refused to take her medicines, resisting all attempts furiously. Enemata were tried; but at length every attempt proved futile, and she died on the 18th instant, at three A.M.

I shall make very few remarks on this case. The sinking was sudden; there had been no previous excitement; and I had once great hopes that my patient would get well through her confinement. She had been previously subject to fits; and the muscular tremor, her suspicious glances, her sudden obstinate silence, &c., induced me latterly to fear that nervous energy had become almost extinct, and that stimuli would be but ill able to restore it. Scarlet fever, of a most malignant character, had been raging in the neighbouring houses, and I had seen some typhoid cases of the worst character. Whether this or some obscure affection of the brain, or simple exhaustion from the labour, was the cause of death, must be left unascertained—no post-mortem could be obtained. In

all future cases, at all analogous, I shall certainly turn; for after any part of the child has been extracted, it is not, except in extreme cases, such a very difficult matter to extract by perforation or evisceration.

Darlington, Dec. 1847.

ENLARGEMENT OF PAROTID GLAND CURED
BY TINCTURE OF IODINE,

AFTER UNSUCCESSFUL EMPLOYMENT OF IODINE OINTMENT.

By J. MORISON, Esq., Surgeon, Hutton Henry.

THE following case is one of many I have treated successfully with the above application, after the iodine ointment had been used for a period of five weeks without any good effect.

June 3rd, 1847.—G. W—, aged twenty-one, states, that about eight months ago, he first observed a slight enlargement of the neck, over the parotid gland, without any pain or uneasiness, and that he cannot remember any such enlargement being left after scarlet fever or any other eruptive disease. Neither is he aware of any injury he ever received in that region; he thinks that the swelling proceeded from over exertion, he having had some heavy lifts about the time he alluded to, though he did not observe it immediately after any such exertions. He adds, that he has used various remedies for it, without any benefit. When first observed, he, by the advice of some old woman, used a stimulating embrocation; he then applied to a neighbouring surgeon, who also employed means, without producing any change; in fact, the swelling continued to enlarge. He began, in consequence, to get uneasy, and was advised by his friends to go to Sunderland and get the advice of a physician of that town, who ordered the iodine ointment to be used, giving him at the same time some medicine internally. He states, he was under this physician's care and used the ointment for a period of five weeks, but as he received no benefit, he was recommended to me by a patient whom I had cured of a goitre, (with the tincture.) He accordingly came under my care at the above date, June 3rd. I am in the habit of using the iodine, in the form of tincture, painted over the part affected, by means of a camel-hair pencil, or a common feather; and my reason for preferring the tincture is, that I consider it of a more stimulating quality, and adapted to produce a more rapid absorption, or to excite such a degree of inflammation as may terminate in suppuration. As an internal remedy I give the tincture of iodine, ten minims night and morning, in cold water; also the following laxative and alterative pills:—Barbadoes aloes, gamboge, blue pill, of each, two drachms; mix, and divide into sixty pills, two to be taken twice a week or oftener, according to the nature of the case. I pencilled the part affected with tincture of iodine on the 3rd instant.

4th.—Saw the patient to day; no change as yet has taken place; he, however, states that the tincture is a much more severe application than the ointment, which circumstance I considered favourable. The remedy again applied.

6th.—Saw the patient again to-day. He says he applied the remedy yesterday, (5th;) he complains of the application being severe in the extreme, but as a change has taken place in the appearance of the enlargement, I have ordered the tincture to be omitted for a few days, till the extreme tenderness is subdued. The part is so tender, that when the iodine was applied this morning, the pain it occasioned would have caused a syncope had I not placed my patient in the recumbent posture; the tumour is very irritable, and appears as if it would terminate shortly in suppuration.

10th.—The tumour is observed to be greatly reduced at the upper part; the depending part is large and projecting, and fluctuation is distinct. I proposed lancing, to which he objected, but I fear a cure will not be effected without it.

12th.—The tumour is still tender and fluctuation distinct; he will allow it to be opened at my next visit if I consider it necessary.

14th.—To-day the fluctuation still distinct, and as there was no appearance of the matter discharging itself spontaneously, the parts being so indurated, I again proposed lancing, to which he agreed. I accordingly made an opening at the depending part, and the matter following the lancet freely discharged itself to the amount of about a teacupful. The enlargement almost immediately disappeared, leaving only a slight induration around the margin of the former tumour. The patient has been able to follow his usual employment till to-day; but I advised him, after the opening of the tumour, to remain for a few days at home, he being so circumstanced that the loss of work for that period was no object to him.