

SMITH said that in rare cases, the placenta was no doubt absorbed after abortion. But the chance of such an occurrence ought not to be allowed, as it led to hemorrhage, and infection of the system by putrid matter. The number of instruments devised to extract the placenta showed how important the matter was in practice; but nothing yet produced was equal to the hand and finger. He had always taught that in abortions occurring even before the formation of the placenta, the thickened decidua should be removed, if it remained and caused excessive draining, after the passage of the embryo. In the early months, the uterus was only partially developed, so that its expulsive action was comparatively feeble, and the difficulty was often increased by adhesion of the decidua and after-birth from disease. In later abortions, he always removed the placenta as soon as its retention produced mischief. It was seldom necessary to pass more than one finger to detach and hook down the retained mass. In some cases, the whole hand required to be passed into the vagina; in others, the uterus was sufficiently low to admit of the passing of the finger without this. Chloroform was often of great value in promoting dilatation of the os uterum and os uteri, particularly in cases where the retention had lasted several weeks, or even months. He had not seen any mischief follow the removal, but the contrary. The conditions were that the hand should be clean, and the proceeding without violence. He might mention that in cases of flooding after delivery at the full term, when the placenta had been expelled, he had frequently passed the hand into the uterus to remove portions of membrane which were apt to separate from the placenta and remain in the uterus, or hang from the os. Many of the worst cases of flooding met with in practice were, he believed, of this kind, and to clear out the uterus was the only effectual way of stopping the loss of blood.—*Lancet*, May 11, 1861.

38. *On the Length and Weight of New-born Infants.*—Dr. E. von SIEBOLD, of Göttingen, has been accustomed to carefully weigh and measure all the new-born infants at the midwifery institutions with which he has been connected from the beginning of 1852, his chief object being to ascertain whether the statement is correct that new-born infants lose weight during the first days after birth, afterwards regaining and augmenting it. Not only may such investigations prove of importance in this obstetrical relation, but also as regards physiology and juridical medicine. Weighing children has been employed in these midwifery institutions to determine how far artificial feeding would be tolerated, whether an illness of the mother is acting injuriously on her child, and as one element in the choice of wet-nurses. Dr. E. von Siebold first presents a table of the weights of 3000 infants (1586 male and 1414 female), weighed immediately after birth. From this table (for which we have not space) it results that by far the greater number of the children (2215) weighed between 6 and 8 pounds.¹ From 5½ to 6 lbs. the numbers rose from 99 to 268; and from 8 to 8½ lbs., they fell from 226 to 67, and never rose again at any weight to 100. From 8½ to 9½ lbs. they sank from 61 to 8, rising, however, at 9½ lbs. to 21. Only 6 weighed 10 lbs., one 10½ lbs., and two 11 lbs. The author has never but once met with a child weighing 11½ lbs. The most frequent weight in the 3000 was 7 lbs., numbering 426. It is a remarkable fact, that until the weight of 7 lbs. the female infants exceeded the males in number, the latter thenceforward predominating. This agrees with Scanzoni's figures, who found that the weight of the male infants in 9000 births averaged 7 lbs. 3½j, or 3½j; and of female infants, 6 lbs. 3xxviiij, the female infants weighing less than 7 lbs. more frequently than the males. From these statements and those of various other writers here quoted, the conclusion may be drawn that the normal weight of a mature new-born infant is not less than 6 nor more than 8 lbs., the average weight being 6½ or 7 lbs., the smaller number referring to female, the higher to male infants.

Chaussier and Quetelet have already shown that for the first few days after birth a diminution in the weight of the infant takes place, and since the beginning of 1859 the author has paid much attention to this subject, having carefully examined the weights of 49 children. In 35 of these diminution did take place,

¹ The author does not specify it, but we believe he means the pound Troy.

16 of the number losing $\frac{1}{4}$ lb., 14, $\frac{1}{2}$ lb., and 5, 1 lb. In these last instances, however, the nutritive process was manifestly defective, and the children did not rally again, so that they cannot be included in the statement. The normal diminution of weight was observable in the 30 children from the second to the third day after birth, the weight remaining then the same to the fourth, or even the sixth day. From the fifth to the seventh day, mother and child being well, the weight which existed at birth was again attained, and then increased. In 14 of the children examined neither decrease or increase of weight was observed until from the sixth to the eighth day, when increase commenced. The mean of Quetelet's observations is thus stated. The child weighed at birth 3126 kilogrammes; on the second day, 3057; on the third, 3017; on the fourth, 3035; on the fifth, 3039; on the sixth, 3035; and on the seventh day, 3060 kilogrammes. This diminution in weight in most of the children, and the arrest of its increase in others is evidently dependent upon the change in its mode of nutrition on arriving in the world. The character of the early milk is very different to that which it afterwards assumes, containing more colostrum corpuscles than milk-globules, and possessing rather a purgative than a nutritive action. Not only is the child's weight found to diminish, but its entire body gives signs of the defective nutrition, the redness of its surface being exchanged for one of a yellow, or at least a white colour, while there is also observable a certain relaxation of its limbs, signs which all disappear again in a few days. The author is sensible that his numbers are too small to enable him to arrive at any decisive conclusions, and he appeals to other obstetricians for their co-operation in the investigation.

A large proportion of the children were weighed daily after the eight days above alluded to, in order to ascertain their rate of increase. The statement of their increasing stationary or decreasing weight is given in detail from day to day, but for this we have not space. Suffice it to say, from a comparison of the whole, it results that the average normal increase within the first nine days may be set down at $\frac{1}{4}$ lb., and that within the first fourteen days at $\frac{1}{2}$ lb. Beyond this age the number of children examined was not sufficient to justify any exact conclusions, although it seems most probable that the increase of 1 lb. weight is not attained, as a general rule, until the twenty-eighth day.

The length of new-born infants exhibits much less difference than does their weight. Of the 3000 children measured, the length varied from 15 to 21 inches; but out of the number no less than 1674 measured 18 inches, and 695, 17 inches, so that the mean length was between 17 and 18 inches. As in the case of the weights, so in the lengths, the females exhibited the lesser numbers. Thus, of 695 children which measured 17 inches, 380 were females and 315 males; while of the 1674 which measured 18 inches, 867 were males, and 807 females. Of 305 children, 19 inches long, 198 were males, and 107 females; and of the 49 which measured 20 inches, there were 37 males, and only 12 females. Elsasser and Quetelet observed similar results.—*Med. Times and Gaz.*, March 16, 1861, from *Monatsschrift für Geburtskunde*, vol. xv.

39. *Placenta Prævia, Podalic Version.*—Dr. D. L. ROBERTS relates (*Edinburgh Med. Journ.*, Feb. 1861) three cases of placenta prævia in which he performed podalic version. These cases, he says, “are demonstrative of the fact that turning may be performed with safety to the mother when the os uteri is only dilated to the size of a shilling, provided only rigidity be absent; and that if we wait, as some obstetricians recommend, until it has attained the size of half-a-crown, the powers of the patient may in the meantime be so exhausted as to render recovery next to impossible.

“2d. That the administration of full and decided doses of laudanum with Indian hemp, is beneficial in preventing the syncope which so often occurs after severe hemorrhage.

“3d. That where the child is dead, and version has been performed, and in cases where the os uteri is not sufficiently dilated to permit of the head passing easily, I would prefer keeping up gentle traction, and trusting to the natural powers, rather than making forcible attempts at extraction, and running any risk of lacerating the cervix uteri; as by the former means the head is brought