

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.

The spinal column was extensively distorted; the distance of the promontory of the sacrum to the symphysis was two and a half inches, and the cavity of the pelvis was so small, that it was hardly possible to reach the head of the child. The incision through the abdominal skin and linea alba was seven inches long; the child was extracted alive, and did well, but the mother died on the third day. The wound of the uterus was found very widely gaping.

Labour was brought on prematurely in a person, in whom, on account of deformed pelvis, the head of the child had been perforated in a previous labour. The child being eight months old, sixteen inches in length, and five pounds in weight, appeared perfectly capable of having lived, but it unfortunately presented with the feet, and owing most likely to this circumstance, was born dead. The mother left the hospital on the ninth day.

In the case where three children were born at a birth, labour was very quick, lasting not more than ten minutes. All the children exhibited signs of retarded and incomplete development, and died within a short time after birth. The quantity of liquor amnii amounted to thirty-four pints; the common placenta, two pounds in weight, was eleven inches in diameter. The secretion of milk and the lochial flux were regular, and the mother was able to leave the hospital on the 20th day.—*Gemeins. Feitschr. f. Geburtsh.*

#### REPORT OF THE LYING-IN HOSPITAL AT HEIDELBERG, UNDER PROF. NAEGELE.

During the years 1825 and 1826, 415 children were born, of which 199 were boys, and 216 girls. In 394 the head, in 4 the face, in 15 the breech or feet, in one the arm, and in another the shoulder presented; not more than two women died; 16 children were born dead, and 19 prematurely; out of which there were three abortions. In six cases twins were born. The forceps were applied in fifteen cases; in ten of which the contractions of the uterus were insufficient to expel the child; in three cases the operation was rendered necessary by the smallness of the pelvis; and, in two, by the prolapsus of the funis, the head presenting.

The operation of turning was performed three times; in one case where the shoulder, in another where the arm, and, in a third, where the funis presented; the last child only was saved.

Perforation was performed in a rachitic female, who, when brought into the institution, had been several days in labour. The head was forcibly pressed into the brim; after a very powerful contraction,

the waters escaped, the head remaining immoveable; the pains suddenly ceased, and the patient complained of a violent burning pain in the belly, and a sensation of faintness; the countenance was pale, the pulse very small, and the extremities cold; perforation was immediately performed, and the child extracted; but the uterus did not contract, the belly swelled, and was very tender; the patient became very restless, vomited, &c., and died on the same evening. On examination, the lower portion of the uterus was found ruptured to the extent of four inches; the abdominal cavity was filled with extravasated blood, and exhibited distinct signs of inflammation. The distance from the promontory of the sacrum, to the symphysis, was three inches.

In a case of very small pelvis, labour was artificially brought on in the eighth month of gestation, with complete success.

In a young female, with very large pelvis, labour was unusually quick; when the head descended through the external genitals, violent hæmorrhage ensued; the funis was twisted round the neck, and the body was born before it could be loosened. The umbilical vessels were found extensively lacerated; one of the arteries being completely torn asunder, and the vein partially ruptured. The child was very pale, and asphyxiated, but soon after the ligature of the funis, restored to life.—*Klinische Annal.*

#### ON SPINAL DEFORMITIES.

By DR. HARRISON.

To the Editor of THE LANCET.

SIR,—Ever since my attention has been particularly drawn to the consideration of spinal deformity, and the complaints dependent upon it, I have been more and more convinced of the frequency of both, and of their injurious effects upon the health.

So great is their prevalence, in this country at least, that I really believe not one female in twenty, above the condition of laborious servitude, remains wholly free from them. In proof of their tendency to undermine the constitution, it will be sufficient to add—1st. That where much deformity exists, the sufferer is disqualified from properly following any active employment; he is soon tired with labour, and obliged to desist from further exertion. 2dly. The great vessels, fastened internally to the spine, are unable freely to carry on the circulation through their contorted tubes; hence the vital fluid, preternaturally accumulated, encourages the formation of