

action. It is not a pleasant reflection, when counting up the result of a year's toil, to find that from one-fourth to one-third of it, so far as any benefit to ourselves is concerned, has been in vain; that we have fasted by day and watched by night in the service of some unprincipled and profligate scoundrel, who cared only to have his own purposes answered, and only sought our attendance because he had trespassed upon the patience of some other unpaid victim till he had reached the limit of endurance.

I have felt, in penning these few lines—much as, when having been sent for by one of the class of patients above alluded to, I have declined to respond to the call—a sort of guilty feeling stealing over me for having dared to assume the privilege of refusing to work without compensation; and I fancy, so riveted is the idea in our minds, so ingrained is it in us as medical men that we are the servants of the community, always to be ready to obey every summons, that already you are pronouncing every word I have uttered as rank heresy, and that it should be ruled out of your consideration altogether. Perhaps, however, some of you may at times have entertained thoughts similar to those now expressed; it may likewise have occurred to *you* that our medical men are systematically imposed upon and defrauded, as no other profession or class in the community is, or would submit to being imposed upon and defrauded. Do we thus magnify our calling? or do we underrate it, and so belittle ourselves? I will submit to your calm and serious consideration, whether justice to ourselves as a profession is done by thus tamely submitting to the popular demands, or whether the best good of the community is thus subserved.

In what I have said I have not thought of or intended any reflection upon the action of any member of this Club, each and all of whom I believe to be actuated in their practice by the best of motives and a desire to discharge in an honorable and conscientious manner the duties of his profession; but simply have aimed to raise the question, whether we cannot add to our dignity, usefulness and honorable standing, without being liable to the charge of sordid and mercenary motives in the exercise of our calling.

TRANSPLANTATION OF TEETH.—Mr. Coleman, an English dentist, out of 14 cases has been successful in 9; he has operated on bicusps and molars.

DEPRESSION OF FRONTAL BONE DURING LABOR.

By STEPHEN TRACY, M.D., Andover.

LAST year I reported to the Essex North District Medical Society a case very similar to that reported in the JOURNAL for August 24th, by Dr. Sinclair. It was very briefly reported in the JOURNAL for June 23d, 1870. As I have never seen any other notice of such an operation, I presume it was this that Dr. S. called to mind; and as I believe mine to have been the *first operation of the kind ever reported*, it may be proper for me to refer to it more fully than was done by the Secretary of the Essex North District Medical Society.

In my case the whole left frontal bone was involved. The depression of its central part was equal to its normal convexity. It was a case of forceps delivery, but the depression was not caused by the forceps, as their marks were over the right frontal and the left parietal bones. It was a case of first birth, in a small-sized woman, nearly 30 years of age. She has since borne another child without unusual difficulty. The cause of the depression is uncertain. The depressed part at no time was ecchymosed or bruised. It may have been caused by an unyielding coccyx. The bones of the cranium not being as fully developed as usual in mature infants, the fontanelles and sutures were comparatively large. The deformity was very great. I could recall no instructions from either teachers or writers for such cases.

Making a full statement of the case to the friends, and having their *request* that I should follow my own judgment, I very carefully made an incision through the skin just forward of the fontanelle and as near as possible to the edge of the bone, carefully keeping the point of the scalpel close to the bone by depressing the handle as soon as the point had passed its edge, and pressing it forward toward the centre of the depression. As I was at a distance from home, I used for an elevator a *small* pair of curved scissors I happened to have in my pocket surgical case at the time. With the blades closed, I passed their points between the under surface of the bone and the dura mater to the centre of the depression. Then with my thumb and fingers, keeping the circumference of the bone in place, and after two or three unsuccessful efforts, I succeeded in "snapping" the bone into its place. With simple water-dressing the wound healed directly. The

child, a beautiful little girl, is still living and well. Date of operation, Oct. 22, 1868.

I should not have dared to have performed the operation, had I not felt sure that with due care it could be done without injury to the dura mater.

I would like to know whether, in Dr. Sinclair's case, the *whole bone* was indented, causing its convexity to be internal instead of external.

August 25, 1871.

CONTRIBUTIONS TO THE HISTORY OF SPONTANEOUS EVOLUTION.

By Dr. KLEINWACHTER. Translated from the *Annales et Bulletin de la Société de Méd. de Gand*, by F. W. DRATER, M.D.

It is generally conceded that presentations of the shoulder, left to themselves, terminate but rarely by the spontaneous efforts of nature, and are invariably attended with great risk. The author has, until recently, coincided with this opinion, but after a service of several years in a large lying-in hospital, he adopts another view, and regards the spontaneous termination of labors in which the trunk presents as less rare than the majority of accoucheurs are inclined to admit.

The statistics of various authorities take a wide range, although they all serve to show that the cases under consideration are sufficiently exceptional at the best. Thus Ricker found, out of 220,000 labors, 10 cases of spontaneous version, or .004 per cent. Busch, in 6180 labors, gives 2 spontaneous versions, or .03 per cent. Spaceth, in 12,525 labors, has 5 spontaneous versions, or .03 per cent. Kuhn, in 17,375 labors, reports 9 spontaneous versions, or .05 per cent. The author's results are higher; in 3345 labors he has seen 5 cases of spontaneous version, or 0.116 per cent. He thinks the greater frequency of spontaneous termination in such cases under his observation is to be attributed in part to the practice of the school to which he is attached; to the rarity of surgical interference, the labors being left as far as may be to the efforts of nature. Thus, he has observed cases of shoulder presentation terminate spontaneously, where, version being out of the question, other accoucheurs would have resorted to embryotomy.

During the two years in which Dr. K. was assistant at the obstetrical clinic at Prague, he saw 32 presentations of the shoulder and side, of which 6 terminated

spontaneously—1 by spontaneous version, 5 by spontaneous evolution—in all 18.75 per cent. Except in the case of spontaneous version, in which the side-presentation became a presentation of the breech, the labor terminated by spontaneous evolution properly so called (spontaneous version being accomplished at the outlet), and sometimes by expulsion of the body of the fœtus doubled on itself; the first process occurred three times, the expulsion of the body doubled, twice. Of these last instances, one merits special notice. The child presented the side of the thorax, the left arm being outside the vulva. Spontaneous evolution was accomplished, though the child weighed 4 lbs. 4 oz. (4 livres), and the pelvis of the mother was contracted antero-posteriorly. The labor was rapid (ten hours); the mother died on the thirteenth day after confinement, from peritonitis.

After having reported this case in detail, the author makes the following comments. The mechanism of the labor resembled, in its general features, that of expulsion with the fœtus doubled, although the two extremities of the body did not escape simultaneously. The process was like that which one observes at the beginning of spontaneous evolution before the pelvis becomes engaged; but the second stage, the rotation of the child on its transverse axis, did not occur. The expulsion of the child in any other way was impossible, the body of the fœtus undergoing a forced flexion; the flexion was greatest at the base of the neck and the upper part of the dorsal portion of the spine, where it was so marked that the two parts lay parallel; the head was, as it were, driven into the chest, and the face bore the imprint of the bodies of the vertebrae. The arm, which was within the uterus, was extended in the groove formed by the head and the coccyx. One favorable condition, which Birnbaum also indicates, was that the back of the child was at the beginning of the labor directed anteriorly, from which it resulted that the lower extremities were forced against the body by the pressure produced by the promontory of the sacrum and the lumbar vertebrae; a pressure increased in the present instance on account of the diminution of the conjugate diameter. The rotation of the fœtus on its longitudinal axis, which changed the relation of the back so that, from being directed forward, it looked to the left, then backward, was determined by the projection of the promontory of the sacrum; the child being forced by the strong uterine