

this rule holds good; yet if the evacuation of the brain and collapse of the calvaria by this means, or by more or less fracturing the bones, be carried to a greater degree, we find that the facial presentation affords the easiest mode of delivery, provided that the mentobregmatic falls beneath the bizygomatic diameter. And, further, that if we remove the whole calvarium, leaving merely the base, and then induce face presentation, taking care that the chin, as it descends, points anteriorly, we diminish to the smallest possible amount, short of wholly breaking it up, the opposition of the head, leaving only from one to one and a half inch in depth to oppose the conjugate diameter of the brim, and from three to four inches at the outside to oppose the transverse. The author, as practical deductions from these facts, recommended that in cases where simple perforation failed, to allow the descent of the head in cases of obstruction—say above three inches antero-posterior diameter—to break up purposely and carefully the bones of the calvarium, and remove at least a portion, preserving the scalp as protection to the edges, and then to induce face presentation. That when the diameter was under three inches, then to remove all the calvarium, and then to induce face presentation, taking care to bring the chin forwards, if not already in that direction. Dr. Hicks then pointed out the facility of doing this with a small blunt hook, which could be readily, and without chance of injury, passed up to the orbit. The chin, he had found, had a tendency to point anteriorly upon being drawn down. He then entered upon some useful details, and compared this mode of craniotomy with the cephalotribe. He remarked that by this means, in deciding upon whether craniotomy or Cæsarean section should be performed, the head was not so much to be considered as the size of the body in cases of brim obstruction. The paper was illustrated by eight cases of craniotomy, six of which were required for contraction of the conjugate, and two for obstructions in cavity. In all the induction of face presentation was attended by instant and complete passage through the obstacle. In some of the cases the shoulder and pelvis of fœtus gave more difficulty than the head. The paper was accompanied by details of the experiments.

Dr. GREENHALGH considered that the author had done much service to the profession by bringing the subject forward in such a scientific and practical manner. He drew attention to the dangers attending cases of extreme deformity of the brim, remarking that there was a wide difference between extraction and safe extraction, especially (as is often the case) where the passages are swollen and inflamed. He called to mind the occasional difficulty of entering the skull with the perforator, and quoted a case where this was almost impossible. He thought, from a case which he had seen at Vienna, that he should use Braun's cephalotribe in a future difficulty. He had, in a case where the whole vault of the calvarium had been entirely removed before he arrived, delivered by fixing three crotchets outside of the presenting part.—*Med. Times and Gaz.*, Jan. 28, 1865.

58. *Case of Vagitus Uterinus.*—Dr. FRASER read before the Obstetrical Society of Edinburgh (July 27, 1864) the following notes of the case: By the term vagitus uterinus I suppose is meant not the crying of the child after rupture of the membranes when the external air can reach it, virtually a phrase of extra-uterine life, but the crying of the fœtus in utero while the ovum is entire.

Two instances of this rarely observed phenomenon occurred in a patient of mine, from whose statements, which have been corroborated by her husband, I have made the notes of the occurrences, which I beg to lay before the Society.

One Sunday evening, Mr. G. and his wife, who was within ten or twelve days of her first confinement, were at home by themselves. Mrs. G. was resting on a bed, suffering patiently much annoyance from very vigorous movements on the part of the child, and listening to her husband, who was reading the Bible, while he knelt on a sofa beside her. All at once they heard with amazement a cry like that of a newborn babe. Though somewhat muffled, the sound was yet so distinct and so evidently arose from the place beside him, that Mr. G. could not help exclaiming: "Mercy on us, is the child in the world?"

Mrs. G. was quite sure (she declares) that it was the child within her that

cried, and was so much overcome that, for some time, she could not summon words to assure her husband that birth had not taken place.

Up to the time of birth the child, which proved to be a boy, was not noticed to cry again, though it exhibited other signs of a strong vitality.

In the next two subsequent pregnancies, the fruit of which was a girl and a boy, both very healthy children, no vagitus uterinus was heard.

In the fourth pregnancy, however, the phenomenon was again noticed. The circumstances were much the same on this as on the former occasion. It was on a Sunday evening, eight or ten days before Mrs. G.'s confinement. She and her husband were in a room alone; the children were in bed in another apartment; and the house was quiet. The patient was reclining on a sofa, annoyed as on the first occasion by the strong movements of her unborn child, and her husband was sitting nine or ten feet off, engaged in reading, when she heard a sound like the bleating cry of a newborn baby, which seemed to come from her womb, and which she is positive did come from that part. Her husband also heard it where he was sitting, and so distinctly, that, dropping his book, he started to his feet and thought for a moment that the child was really born.

In this instance as in the former the cry did not last long, no longer than might be supposed to arise from a single expiration, and was not repeated during the remaining time of pregnancy. The child was a female. Since then Mrs. G. has borne two children, but has not heard it with either.

*Remarks and Queries.*—Both instances occurred when mother was at rest.

Is quietness on her part necessary to the production of the sound?

Is it not likely that instances pass unnoticed during sleep?

Whence the air which enables the foetus to cry?

Is it excreted by child itself or by the membranes?

If it be admitted that a child can cry in utero, it must also be admitted that the lungs can be more or less expanded before birth, though the child be afterwards born dead; hence another reason for caution in judging from the hydrostatic test.—*Edinburgh Med. Journ.*, Nov. 1864.

[We are induced to ask another question. Was not the sound produced by the movement of air in the bowels?—*ED. AM. JOURNAL*.]

59. *Puerperal Embolism.*—Dr. WADE, of Birmingham, read a paper on this subject before the Obstetrical Society of London (Dec. 7, 1865). The author reviewed the history of the disease, which he took as a real evidence of the progress of medicine. He entered into a description of its nature and varieties, and gave a sketch of Virchow's doctrine and of his experiments upon the production of embola. He then described a case which had occurred in his practice, in a woman suffering from phlegmasia dolens, who was suddenly, during exertion, seized with severe dyspnoea three weeks after her delivery. The pulse was feeble; skin cold and clammy. This state continued, but became each day more severe, for a fortnight, when she died. As was prognosticated, a large clot was found in the pulmonary artery, extending from the third or fourth ramification.

Dr. Barnes observed that the history of this case and of others in which embolism followed upon phlegmasia dolens had an important bearing upon treatment. Thus it was usual, after the subsidence of the acute symptoms of phlegmasia dolens, to rub the affected limb with the view of promoting absorption and supplying passive exercise to the muscles and other tissues. It might be that this friction would favour the detachment of a clot from the femoral vein, which being thrown into the circulation would constitute "embolism." This danger should be borne in mind. He thought the connection between a febrile state and clotting or thrombosis, suggested by the question of Dr. Ballard, was very frequent. He believed in most cases of phlegmasia dolens there was a pre-existent abnormal state of the blood which predisposed to coagulation. He (Dr. Barnes) had gathered up in his memoir on thrombosis and embolia, published in the Society's *Transactions*, vol. iv., most of the information at that time extant upon the subject. Since then, however, our information had been considerably enlarged by the publication of new cases.—*Med. Times and Gaz.*, Jan. 28, 1865.