

ART. IX.—*Further Observations on Spontaneous Amputation of the Limbs of the Fœtus in Utero.* By WILLIAM F. MONTGOMERY, M.D., M.R.I.A., Professor of Midwifery to the King and Queen's College of Physicians in Ireland.

SINCE the publication of some observations on this curious subject, inserted in a former number* of this Journal, another example of this extraordinary process has been brought under my inspection, by my friend Dr. John Labatt, one of the Assistant Physicians to the Lying-in Hospital of this city, to whose love of scientific investigation, and polite attention, I have to acknowledge myself, on this and many other occasions, much indebted.

A healthy woman was delivered of a still-born child in the eighth month of utero gestation; the attention of those present was attracted by a tumour attached to the abdomen of the child, which, on examination, was found to be an umbilical hernia of great size, and formed by the protrusion of the liver, stomach, and small intestines, through the umbilical opening into the sheath of the funis, which was distended so as to accommodate them, while the umbilical vessels were a good deal displaced from their natural contiguity to each other, but in other respects observed their usual course and connexions; the opening through which the viscera protruded was of a diameter of about two inches.

On this part of the description, I propose only to observe, that, had the child lived, however unpromising such a condition of the parts might be, it appears that the result might not be altogether hopeless, since we find recorded a case very nearly similar, in which the intestines were reduced, the sac tied, and the child recovered.*

* No. II, for May, vol. i. p. 140.

† *Bulletin des Sciences, Méd.* Janvier, 1828, p. 74.

But, to return from this digression to the condition of the lower limbs, both of which present some degree of deformity, and imperfect developement. The right leg is curved inwards, so that when the child is held erect the outer edge of the right foot is the part on which it rests, a particular in which I may observe, it resembles the same part in Mr. Watkinson's case; and, as happened in his case also, the left leg is the seat of the remarkable pathological change, and exactly in the same situation: just above the ankle there is a deep depression surrounding the limb, and sinking to such a depth as to leave only the bones and skin unaffected by it, the diameter of the undivided part being less than half an inch, while that of the leg, just above the depression, is an inch and quarter; the appearance of the groove is exactly such as would be made by tying a string with great force round the plump limb of a child, and indeed, is such as, in my opinion, could not be produced by any other means. The woman was attended by a pupil, and the child was very much handled and examined by several before I saw it, so that I was not surprised at not finding any ligature on the limb, but the mark of where it had been was so distinct in the bottom of the depression as to leave no doubt of its previous existence there.

It is important also observe, as confirmatory of this view, that the integuments are not at all broken or divided, but carried in with the constricting agent, so that had separation of the limb taken place, each stump would appear skinned over, except at the bones, and so present the appearance of being partially healed, as described by both Watkinson and Chaussier; the foot was a little swollen, and somewhat discoloured; it seemed as if turgid with blood, but was without any appearance whatever of gangrene; the toes were very imperfectly developed. These conditions are well represented in the Plate.

* London Medical and Physical Journal, vol. liv. p. 38.

Under such circumstances, few, I suppose, will be inclined to doubt the great probability, that, had the child not been prematurely expelled, but arrived at its full term of uterine existence, it would have been found at birth deprived of the lower portion of the limb, as happened in the instances related by the authors already referred to.

An accurate cast of the whole subject was taken, and another of the affected limb, which, together with the parts themselves, are preserved in my museum.

ART. X.—*Contributions to Thoracic Pathology.* By WILLIAM STOKES, M.D., Corresponding Member of the Berlin Medico-Chirurgical Society; and of the Hunterian Society, Lecturer on the Practice of Medicine in the School of Anatomy, Medicine, and Surgery, Park-street, and Physician to the Meath Hospital and County of Dublin Infirmary.

IN the following pages I shall lay before the profession the particulars of a few interesting cases which illustrate some obscure pathological points; adding to these such practical observations as appear to arise from their consideration.

CASE 1.—*Extensive pulmonary abscess, with slight constitutional distress; cure by cicatrization; after a year, death from acute pleuro-pneumony; isolation of a portion of the lung from the inflammatory action, by the cicatrix.*

In the spring of 1829, a young man, by trade a blacksmith, was admitted under my care to the fever wards of the Meath Hospital, for an affection of the chest, which had been of a few weeks standing, and ushered in with the usual symptoms of an acute irritation of the lung. On examination he presented the symptoms of bronchitis, but to our surprise we found that the right lung, from the clavicle to the mamma, sounded dull. *Here,*



From Dr. Baillie's Atlas.