

growth ceases in certain bones; they develop from cartilage, and become ossified early. The arms and legs are abnormally short, the chest measurements small, and the crown of the head large. The cause of the condition is unknown; if such infants survive, the general health and intelligence are good. There were six fingers on each hand, the little finger being double, and six toes on the left foot. The sex was female; it weighed 7lb. 13 $\frac{3}{4}$  ozs.

The following measurements were taken:

Bi-parietal, 4 $\frac{1}{2}$ .

Bi-temporal, 3 $\frac{3}{4}$ .

Fronto-occipital, 5.

Vertico mental, 5 $\frac{3}{4}$ .

Sub-occipito bregmatic, 4.

Sub-occipito frontal, 4 $\frac{3}{4}$ .

Cervico bregmatic, 4 $\frac{3}{4}$ .

Circumference fronto-occipital, 16.

Circumference occipito-bregmatic, 13 $\frac{3}{4}$ .

Anterior fontanelle, 1 $\frac{3}{4}$  x 1 $\frac{1}{4}$ .

Length of fore leg, 3 $\frac{1}{2}$  inches.

Girth under arms, 11 $\frac{3}{4}$  inches.

Girth round umbilicus, 11 $\frac{1}{2}$  inches.

Girth round upper thigh, 8 $\frac{1}{2}$ .

Girth round upper arm, 6.

There was fluid between the periosteum and bone posteriorly, and the back of the vault was not completely ossified. The placenta was collerette; there were fibrous masses and cysts on the foetal surface. The foetal end of the cord was thin and cedematous; it weighed 1 $\frac{1}{2}$  lbs.

#### A RARE DEFORMITY.

A patient of the Royal Maternity Charity of London was delivered this month of an infant which is pronounced by the doctors who saw it to be a rare deformity.

The mother is a well developed healthy woman, 32 years of age. She has had four previous pregnancies—two full term healthy children, and two premature, which died shortly after birth. All were well formed, and there is no family history of deformity.

At the third month of the recent pregnancy the patient fell over the curb in the street, and has not felt well ever since, suffering from small hæmorrhages. She went into the Kensington Infirmary at the fifth month, remaining there about three weeks. The Infirmary doctor wished her to return there for her confinement, but she preferred to remain at home. She was attended as a Royal Maternity Charity patient at the full term. The labour was normal, vertex presenting. The child is a vigorous male weighing 8 lbs. It is curiously deformed in the mouth and face, the whole of the roof of the mouth and palate being absent, and presenting a large cavity.

There is a large space of double hare lip. Outside and attached to the lower part of the nose, is the partly developed roof of the mouth; above that and closely attached, a rudimentary upper lip has formed, the whole deformity overhanging the mouth nearly to the chin. Dr. C. St. Aubyn-Farrer saw the child soon after birth, and pronounced it to be an inoperable case. The child could not take nourishment, although it cried strongly. It was afterwards seen by the parish doctor, who had it removed to Kensington Infirmary on the second day. It was still living on the fourth day.

ANNA HILL,  
Staff Midwife to the Royal  
Maternity Charity.

#### THE WET NURSE.

It is often stated that if a mother is unable to feed her infant the best substitute is a wet nurse. This is undoubtedly true if one can be found to fulfil all the necessary conditions, but this is a matter of extreme difficulty. Even so is it ethically correct for a rich woman to buy for her own infant the food to which the wet nurse's offspring is entitled? Surely not. In addition to this, it must be remembered that the happily placed woman has no desire to go out as wet nurse. She has her own duties, her own children, to attend to. If a married woman consents to act in this capacity, as a rule it is because trouble of some kind has befallen her, and trouble and worry, as is well known, have a prejudicial effect upon the quality of the milk secreted.

Apply to a Maternity Hospital where only married women are received, and it is so rare, as to be practically unknown, to find a woman willing to take a position of wet nurse. It is the mother of the poor little "come-by-chance" whom necessity drives to this method of providing for it. While disease, as is well known, may be transmitted by both milk and nipple, this danger is appreciably increased in the case of those who have been leading irregular lives. While, therefore, it may be possible to find a woman who fulfils the requirements of a good wet nurse willing to undertake the duty, the risks are so many that in our view properly modified or carefully prepared cow's milk is to be preferred.

#### ASSOCIATION OF POOR LAW UNIONS.

At the ninth Annual Meeting of the Association of Poor Law Unions in England and Wales, held in the King's Hall of the Holborn Restaurant, London, on Friday in last week, the following resolution was passed: "That, in the opinion of this association, the power of certifying Poor Law hospi-

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