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The Midwife.

## Two Interesting Cases.

INTRA-UTERINE AMPUTATION AND DEFORM-ITIES DUE TO AMNIOTIC ADHESIONS.

The patient was a 3-gravida; her first two labours were normal and easy, the children being born at term and perfectly healthy. Her third pregnancy was complicated by antepartum haemorrhage and slow draining away of the liquor amnii. Her last period was from August 1-7; in October she had a slight loss, and it was after that she noticed the leaking of the liquor amnii. The amount lost daily varied very considerably; many days there was little or none, exceptionally two or three diapers were soaked. At the end of January she consulted a doctor; she had haemorrhage on the 10th and 13th, not excessive in quantity but continuous; her general condition was good. On vaginal examination, no placenta was within reach, the external os was soft and patulous, the internal os closed; the child was presenting in the third vertex position, fætal heart sounds were heard. According to her dates, she was 26 weeks pregnant. The level of the fundus was one finger's breadth below the umbilicus. On February 18th pains began at 9 a.m., the os was fully dilated at 11.15, and at 11.25 she was delivered of a male child, deformed owing to amniotic adhesions. The left foot was amputated above ankle, a tag of membrane was hanging from the stump, two fingers were deficient on the left hand, adhesions hanging from' stumps, the nail was missing on the second toe of the left foot. There was a deep groove round upper arm, with adhesions in position. The child had a hare lip and cleft palate; it lived for six hours, crying lustily and moving its limbs about. weighed 4 lb. 14 oz., and measured 16 inches; its appearance suggested that the intra-uterine age was more than 28 weeks. On crossexamination, the mother said she could not be certain of the dates. She said that this baby had been "carried differently" from the others; it always kicked in the same place. There was a large hole in the chorion close to the placenta, with ragged edges, a small tubular bag of membrane was attached to the insertion of the cord, from which hung adhesions. No trace of the amputated foot was discovered.

A BABE WITH MULTIPLE DEFORMITIES, WHO

SURVIVED TEN DAYS. . The mother was a 7-para; her former labours had been normal, all children born alive and healthy. She had had no miscarriages. The seventh pregnancy ran a normal course to term; the child presented in the second vertex position; the unossified portion of the posterior part of the parietal bones was first thought to be an abnormally large anterior fontanelle. The pains began at 6.30 a.m, the membranes were ruptured artificially at full dilatation of the os at 10.20 a.m.; the child was delivered five minutes afterwards. The third stage lasted fifteen minutes, the total amount of hæmorrhage being 10 ounces. The child, a female, cried lustily at birth; she weighed 5 lb. 10 oz, and measured 183 inches.

The head was partially anencephalic; a shiny, reddish membrane covered in the exposed brain. The measurements were as follows :-Bi-parietal, 31; bi-temporal, 22; tronto-occipital,  $3\frac{1}{2}$ ; mento-vertical,  $3\frac{7}{3}$ ; sub-occipito bregmatic,  $3\frac{1}{4}$ ; sub-occipito frontal,  $3\frac{1}{4}$ ; frontal occipital circumference, 111; sub-occipito bregmatic circumference, 103. The sockets of the eyes were deep; it was

difficult to separate the lids; the eye-balls were extremely small and opaque. The child was, of course, blind. The pinna of left ear was only partially formed; there was no meatus; there were supernumerary digits on both hands, and a partial bifurcation of the left little toe.

Besides these deformities there was a double . hare lip and cleft palate. The child showed extraordinary vitality, kicked and cried vigorously; it was not easy to get her to take food. Cyanotic attacks were frequent, but it was not till she had stopped breathing at twelve different times that she succumbed, much to the relief of those tending her, after ten days of troubled and unsightly existence.

М. О. Н.

## The Midwives' Act Committee.

The Lord President of the Council has appointed Mr. Francis E. Fremantle, M.B., F.R.C.S., M.R.C.P., Medical Officer of Health for the County of Hertford, to be a member of the Committee appointed to consider the working of the Midwives' Act. We understand that the Medical Officers of Health con-



