ON ABDOMINAL APOPLEXY IN NEW-BORN CHILDREN.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—The causes of death in still-born and new-born children are involved in considerable obscurity, which mainly depends upon the fact that inspections do not so frequently take place in such cases as they should do. Any contribution on this subject becomes important, from the dearth of information that exists; and on this account I send you the following case, in confirmation of some views lately published by Dr. Von Kiwisch, of Prague. These are noticed in the current number of the "British and Foreign Medical Review," p. 248. Dr. Kiwisch has noticed four cases of hæmorrhage from the intestinal canal, and in all the children were at the full term and the labors easy. In two the umbilical cord was tied before respiration was thoroughly established, and it had to be untied again to revive the child. The first symptoms of the disease—viz., discharge of blood from the anus and restlessness, appeared from twelve to thirty hours after birth; tumidity of the abdomen, with dulness on percussion, soon followed; the children became quiet and pale; in two instances vomited blood; and in all cases the infants died within forty-eight hours after birth, with all the usual signs of exhaustion from hæmorrhage. The morbid appearances named by Dr. Kiwisch are very similar to those noticed in my case. He thinks that premature tying of the funis is the cause of the complaint; but perhaps it is not the only cause, since I could not attribute it to that circumstance in the case related below; for wherever I find the vitality of a child feeble at birth, I leave its connection with the mother through the umbilical cord undisturbed for an unusually long period. My reason for doing this is because I have often seen a funis, which had ceased pulsating at birth, recommence its pulsations five or ten minutes after all hope of such an occurrence had ceased on the part of the midwives of our hospital who have been present; and I have seen children born with all the symptoms of asphyxia thus restored to perfect respiration. I consider this mode of relieving the lividity and congestion of surface observed in asphyxiated children preferable to the plan of allowing blood to escape from the divided funis; first, because it is a more natural and, therefore, better method; secondly, because it saves the expenditure of the child's blood; and thirdly, because if it should fail, we can still resort to the division of the funis.

I am, Gentlemen,

Your obedient servant,

THOMAS DORRINGTON,
Surgeon to the Manchester and Salford
Lying-in-Hospital.

Manchester, Jan. 9, 1842.

CASE.—On the 1st of March, 1842, I attended a woman for tedious labor. The midwife informed me that the head of the child had been wedged in the pelvis for four hours without advancing, but that it had begun to make a little progress before I arrived. The woman was strong and plethoric, and had always had tedious labors before; I took about a pint of blood from her arm, which facilitated delivery so much that

the head was born in a few minutes after the arm was tied up; it was much elongated. The child, when born, was nearly asphyxiated, but by care the respiration became fully established before I left the house. On the 3rd of March the child, which, according to the accounts of the attendants, had been more or less convulsed since birth, began to part with blood from the anus, and continued to do so for twenty-four hours, when I was sent for to see it; I arrived just in time to see it die; it was slightly convulsed, extremely pallid, and had the usual appearances of death from hæmorrhage.

Autopsy.—The head was not examined; the viscera of the thorax were healthy; the *whole* of the small intestines contained blood, in some parts more, in some less; in some parts clots were observed, in others the blood seemed mixed with mucus; there was no abrasion nor ulceration of the mucous membrane in any part; but where the greatest quantities of blood were it seemed rougher and a little softer than natural. The stomach and large intestines were free from this bloody effusion, excepting the *cul de sac* of the cæcum, which contained a little coagulated blood. The other abdominal organs were healthy, but pale.

WOUND OF THE THROAT.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I have read with much interest the paper on staphyloraphy lately published in the Journal, detailing numerous cases in which the operation has been performed by M. Roux, many of which have been very successful. The failure of some appears to have arisen either from the want of food or the difficulty of administering it. Probably the plan adopted in the following case, with such complete success, may be applicable in cases of staphyloraphy, and obviate one of the difficulties of this important operation.

Richard Watson, aged forty, cut his throat on the 10th of June, 1817, with a common case knife. I saw him ten minutes afterwards; the bleeding, which had been very profuse, had ceased; he was breathing with great difficulty; he had no pulse at the wrist, and appeared to be dying. On raising him from the ground into a chair, he began to revive, and after a short time the pulse returned and the sweating ceased. On examining the wound, it was found so extensive that it appeared extraordinary how the carotid artery should have escaped; the trachea was completely cut across below the os hyoides, and the anterior part of the œsophagus divided. The knife being blunt, the parts were a good deal lacerated, and as the wound was so high, all the parts connecting the jaw were completely divided, together with the thyroid and lingual arteries. The injury was so great that it appeared useless to attempt anything; but, finding no return of bleeding, I connected by suture some of the divided parts, leaving the trachea exposed, through which air and bloody mucus escaped. During that day he remained in a very precarious state, and towards night was much harassed by a distressing cough. At five o'clock on the following morning I found him in a state of the greatest exhaustion. An elastic catheter was passed through the nostril into