NOTES OF A CASE IN WHICH EVOLU-
TION OF THE UMBILICAL CORD
OCURRED AT BIRTH.

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and some time House-Surgeon to the London Sur-
gical Home.

On Sunday evening, July 8th, I was summoned to
attend Mrs. ——, who was in labour with her first
child. I attended immediately; and, on my
arrival, I was told that any service would not be re-
quired just yet, as the pains had come on only within
the last two hours. I forthwith entered her room.
At the very moment I did so, she had a strong bear-
ing-down pain; and I told her that she had better
lie down as soon as the pain was over. While yet in
pain, she attempted to get on the bed; but, as she
made the effort, she called out that the child was in
the world; and, before I could endeavour to catch it,
the little thing fell upon its head with some force,
and rolled upon the floor.

I noticed that the child was quite livid; that the
cord had been torn out from the abdomen; and that
the child was apparently lifeless. The blood spurted
out from the umbilical aperture; but before I could
render any assistance, some little quantity was lost.
The child seemed to be in a state of syncope, very
soon lost its livid hue, and became all over deadly
pale. As quickly as I could, I seized the integument
surrounding the umbilical aperture—there was not a
vestige of the cord—and tied it as tightly as I could,
which I was enabled to do, owing to the state of
syncope of the child by which it was prevented from
feeling any pain. It was tied so effectually that the
thread did not slip off, nor was disturbed when the
child began to cry and move.

No ill effects obtained to the mother, and the pla-
centa was easily removed.

As the case I have described is of extreme rarity,
and as I do not know of even one similar to it being
on record, I have thought it fit to bring forward.

The treatment in this case was extremely simple:
first, because of the syncope into which the child
fell; and secondly, because of the lax condition of the
intestinal membranes affording an opportunity of
securing the ligature tightly.

I need not here dwell upon the difficulty usually
attendant upon deligating the integuments sur-
rrounding the umbilical aperture in the abdomen
when the accident of which I speak has occurred, in-
aasmuch as it must be impressed upon the mind of
each of those practitioners who have been consulted
in such circumstances.

Syncope in infants is a rare occurrence. I mean
ture syncope resulting from concussion of the brain,
and not merely that imperfect state of animation
which so often obtains at birth, and is manifested by
feeble action of the heart, and an uncertain state of
the entire system, which, as it were, oscillates be-
tween life and death. A condition of coma, or semi-
coma, is by no means so infrequent. One case of
complete coma occurring in the infant at birth, as
the result of compression during labour, and lasting
for two days, then terminating in death, has recently
come under my notice.

"Only in one instance," says Dr. Underwood,
"have I seen anything at all resembling the true
syncope after the living powers have once prevailed.
In this case, the child was born at the instant its
mother was moving from her chair into her bed, and,
in consequence, fell with violence on the floor; it,
however, very soon cried, and did not appear to be
very materially injured, but, a day or two afterwards,
fell into a strange, languid state; it revived, but at
intervals sank into its former languor, and breathed
very faintly, and died about the sixth day."

Mr. Hey of Leeds communicated to Dr. Under-
wood the notes of a case of an infant, which, born
at full time, lay moaning and languid for four or five
hours, and was then seized with a fainting fit, in
which it continued for half an hour. It had ceased
to breathe, except now and then giving a gasp or
snort, and was as pale as a corpse. There was, how-
ever, a sensible pulsation of the heart, though feeble
and slow; but whether the circulation had been kept
up all the time previous to his (Mr. Hey’s) visit,
could not be ascertained. The child was revived
by the use of stimulants, but had three other similar
attacks in the course of the day, though it had slept
composédly between whiles, and sucked at the breast.
It had seven more fainting fits in the night. The
infant became a very healthy child.

On the fourth day of the existence of my patient,
that portion of the integument under the ligature
showed signs of vitality having ceased in it; and on
the fifth day it came away, leaving a round evenly
cut wound in the skin of the abdomen, surrounded
by a ring of inflammatory redness.

All the time of my attendance (nine days), the
child did well; had no untoward symptom; and the
abdomen was healing rapidly when I took leave of my
patients.

9, Lupus Street, Belgravia, S.W.

Transactions of Branches.

EAST ANGLIAN BRANCH.

ON MELASMA AND ALLIED AFFECTIONS.

By Peter Eade, M.D.Lond., M.R.C.P., Physician to
the Norfolk and Norwich Hospital, etc.

I AM well aware how valuable is our time to-day,
and how few minutes can be allotted to any one
communication. I have therefore sought to compress
the subject matter of my paper into as short a com-
press as is possible consistent with intelligibility. The
purport of it is, to call attention to the subject of
diseased pigmented discoloration of the skin, and the
supposed origin of this in disorder of the great
centres of the sympathetic nervous system of the
abdomen; and, after recording two cases of such dis-
coloration, to add a few remarks upon some forms of
that obscure but intractable disorder, which, for
want of a definite knowledge of its nature, we are
content to designate from its most striking symptom,
and to term general debility; suggesting therefrom
analogies to show the possibility of the origin of this
and some other diseases in disorder of the same ner-
vous centres.

I think, sir, I may venture to assert that the pro-
fession to which we have the honour to belong now
thoroughly recognises the services which Dr. Addi-
son rendered to the cause of medical knowledge, when
he discovered and called attention to that remarkable
bronzing of the skin and that special train of symp-
toms which accompanies this, which together are
now so generally known by the name of melasma,
melanopathy, or Addison’s disease. No less are pro-
fessional thanks due to Dr. Wilks, for the zeal and