ARTICLE V.—*The Condition of the Lung not Invariably to be Depended on, as a Proof that the Infant has been Born Alive.* By THOMAS WILLIAMSON, M.D., F.R.S.E., F.R.C.S.E., Physician to the Leith Hospital.

IN a medico-legal point of view, all fresh cases bearing upon the important subject of infanticide, should be carefully recorded.

During the past eighteen or twenty years of a somewhat extensive midwifery practice, five or six instances have occurred to me, which go far to establish the correctness of the remarks of Dr Taylor, in his work on Medical Jurisprudence, when referring to the extreme caution and care which ought to be observed by medical men in forming their opinion as to the cause of the infant's death. The mere proof, derivable from the condition of the lung, that the child has respired, is by no means *per se* sufficient to establish the fact that it has been *born alive*. In writing upon this subject, Dr Taylor says, "Mr Price has communicated to the *Medical Gazette* the account of a case, in which the cord was so tightly twisted around the neck of a child, that he was compelled to divide it before delivery could be accomplished. There was in this case a deep groove formed on the neck, and it conveyed the impression to himself and a medical friend that, in the absence of any knowledge of the facts, they would have been prepared to say, that the child had been wilfully strangled by a rope. In this instance, the cord was very short."

In all of my cases, I was under the necessity likewise of dividing the cord previous to the birth of the infant. Had I failed in doing so, life would have been inevitably destroyed; and had a stranger to the history of the cases been called upon to institute a *post-mortem* examination, he must have arrived at the conclusion that these infants had been *born alive*.

Immediately upon the birth of the head, in the instances which have occurred to me, the infant has *respired freely*, but upon running the finger round the neck, one or more loops of the cord have been found firmly encircling the throat. In all similar cases, generally speaking, little or no trouble is experienced in at once disengaging the coil of cord, and thus permitting the almost simultaneous propulsion of the shoulders; but, in the instances referred to, owing to the extreme shortness of the umbilical cord, this manœuvre was found utterly impracticable. Each succeeding contraction of the uterus was found to tighten and constrict the umbilical ligature still more and more; respiration ceased, and the face of the infant became black and congested. Sometimes I have succeeded, with much difficulty, during the interval of pains, in slipping a double ligature around the cord, and severing it at random; at other times, I have been necessitated to divide the cord without any such pre-

cautionary measures, dreading alike mischief to the mother and child, and running all the consequent risk of fatal hæmorrhage, at least to the infant. I may mention, that the umbilical cord rarely exceeded sixteen or eighteen inches in length, and had effected a deep indentation around the neck of the child. In the last of my cases (which occurred within the past few days), shortly after the birth of the infant, upon proceeding to remove the placenta, I discovered that it was firmly retained; the uterus having assumed the hour-glass form of contraction, and refusing to dilate again without the previous administration of a large opiate. Was not this nature herself stepping in to prevent the serious displacement of the *uterus*, the placenta being still undetached from its fundus, whilst the suffocating infant was struggling to get free?

In certain instances of suspected infanticide, which will at once occur to the mind of every one, it must be obvious how very damaging to the accused, is the fact, when brought out by *post-mortem* examination, of respiration having been fairly established. The ordinary inference, where, from the state of the lungs, this process has been proved to have existed, is, that the child must have been born *alive*. Had the cases, however, to which I have referred, been left to themselves, the infants would have been born *dead*, with an indented groove encircling their necks; and yet a *post-mortem* examination would have revealed all the indications usually regarded as conclusive proof that they had been born *alive*. Hence, then, the necessity of great caution in forming an opinion of the cause of death in all such cases.

ARTICLE VI.—*Case of Chylous or Fatty Urine.* By J. P. BRAMWELL, M.D., Perth.

THE subject of the above affection (A. B.) is a boy of eight years of age, who belongs to a family which is strumous by both the father and mother's side; his maternal uncle died of general struma with caries, and his father has suffered in early life from scrofulous suppuration in the glands of the neck; his sister died a few weeks ago with tabes mesenterica and phthisis pulmonalis, and the whole family bear marks more or less apparent of their hereditary tendency. The boy himself is a pale-faced precocious child, with rickety-looking forehead and convergent squint; he is ill nourished, and his belly is large and prominent. About the month of March last, he began to complain of pain in the region of the bladder, and of some difficulty in passing urine; the urine itself was quite milky in appearance at the moment passed. He has no cough, nor can anything abnormal be detected in his chest; he complains much of dyspeptic symptoms, pain after taking food, followed by acidity and flatus; his appetite, which was formerly good, has begun of late to fail; there is a slight febrile disturbance of the system, which increases towards evening.