

were drawn off. At 9.30 P.M. there was much flatus in the bowels, which distressed the patient. The urine was again drawn off. Temperature 101.4° ; pulse 90. On the 3rd the tampons were obliged to be removed, as the lochia were offensive. The patient was also carried to another room, the mattress on which she lay being stained with very offensive discharge. Frequent washing out of the vagina with the perchloride of mercury solution was ordered. She had slight headache, and pain down the right leg. The temperature never rose above 102° , or the pulse above 100 beats per minute. On the 6th a small dose of castor-oil was given, with great benefit. The patient went on well, and was gaining strength, till June 10th, when I was hurriedly called in, and found the temperature 103° and the pulse 120. On examination I diagnosed an attack of perimetritis. This lasted for three weeks, but there was never any sign of general peritonitis. On Oct. 1st I vaccinated the baby, and the patient was in perfect health.

Nagasaki, Japan.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

SUPPURATION OF THE ANTRUM, SECONDARY TO CARIES OF A TEMPORARY CANINE TOOTH.

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ON May 7th Minnie —, aged eight years, was brought to the Evelina Hospital by her mother, who gave the following history. She had suffered from inflammation of the lungs once, and three years ago she had measles, since which there had been a continuous discharge from both ears. The present illness commenced five weeks previously with aching and swelling of the cheek. A doctor was consulted, who removed a tooth, and some matter came away from the socket at the time. A week later a lump was noticed below the left eye. The face being swollen and very red, hot fomentations were applied.

The patient was seen to be a well-nourished child, with fair hair and blue eyes, complaining of severe pain in the cheek. On examination, the face was considerably swollen on the left side, involving mostly the cheek, which was red and brawny. There was a fluctuating swelling below and external to the inner canthus of the left eye, and at its summit there was a thick yellow crust, from beneath which pus was oozing. The crust being removed, examination with a probe showed that this was in connexion with the antral cavity. On inspection of the mouth, a scarcely healed wound was seen between the temporary lateral incisor and molar teeth, showing clearly that the temporary canine tooth had been removed. The hard palate on the affected side was quite normal, but viewed from outside the anterior wall of the left antrum was more prominent than the right. No fluctuation could be obtained through the antral wall. The child was placed under chloroform, and with an ordinary gimlet, previously rendered aseptic, the orifice through the canine socket was enlarged. The developing permanent canine, which was above and in front of the opening, and lying quite loose, was removed. A probe was then thrust into the antrum, and out on to the cheek. The cavity of the antrum was carefully explored at the same time, the walls appearing healthy, except anteriorly. The sinus on the cheek was dressed with boracic ointment, and a pad placed over it. The antrum was syringed out with warm boracic lotion through the perforation in the jaw. The mother was then directed to syringe it frequently with this lotion. On June 4th the sinus on the cheek was found to be quite healed. By the 18th the wound in the mouth had closed up, and for some days it had been found impossible to introduce the nozzle of the syringe.

Remarks.—Collection of pus in the antrum in childhood is of rare occurrence. Owing to its small size the roots of the temporary teeth lie well outside its walls, which are

comparatively thick; and when suppuration takes place round the fang of any tooth a ready exit is found through the porous alveolar ridge into the mouth. In this case the pus from an alveolar abscess at the root of a canine tooth had burrowed deeply beneath the permanent canine, and, finding its way into the antrum, had probably pushed the mucous lining before it (there was no discharge from the nose), and then pointed through the anterior wall and out through the cheek.

Railway Approach, London Bridge, S.E.

A REMARKABLE CASE.

BY CHAS. D. ROE, L.R.C.P., L.R.C.S. ED.

AT 6 A.M. on Nov. 13th last I was called to attend Mrs. C—— in her second confinement. She informed me that the pains had commenced at midnight and were very cramped in character; they were then recurring at intervals of about seven minutes. On examination, I found the os dilated to about the size of a shilling, and the presenting vertex almost out of reach of the examining finger. Visiting her at intervals up to 3 o'clock in the afternoon, I found matters much the same, excepting that the os was slowly dilating. Upon its being fully dilated at 3.30 P.M. I ruptured the membranes. The force and frequency of the pains then increased, but the presenting part did not advance. On making firm pressure on the uterus during a pain, the head suddenly advanced into the cavity of the pelvis, and the



child was shortly afterwards born. I was greatly surprised to find the following remarkable and unusual malformation present. (See engraving.) The child (a male) appeared to be of full or nearly full term, thirteen inches and a half in length, and with an opening in the abdominal walls extending from the epigastrium to the left iliac fossa, through which the abdominal viscera protruded. At the upper part of this opening the liver protruded to the extent of about two inches, to the left of which could be seen the stomach, pancreas, and transverse colon. Above these there was a distinctly marked prominence occupying the superior portion of the epigastrium, but covered with thin integument; this, as could be plainly seen by its pulsations, was the heart (the heart continued to pulsate for about thirty minutes after birth). Below the above-mentioned abdominal viscera were the remaining portions of the intestines, but protruding to a lesser extent than the liver. The entire viscera were only covered by a sac of peritoneum. On subsequent examination, the diaphragm was found to be entirely absent, the heart and lungs being separated from the superior abdominal viscera by the pericardium and pleura respectively. The anus, which was only slightly marked, was about one-sixth of an inch to the right side of the mesial line, and was imperforate. I found the testes external to the scrotum.