but as far as our knowledge takes us we have to regard this determination as depending more on some adherent peculiarity of the tissues than on the particular form of micro-organism that is present.

Glasgow.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

NOTE ON A CASE OF TABES MESENTERICA WITH INTENSE PIGMENTATION OF THE SKIN.

BY WALKER OVEREND, M.A., M.D. OXON.,
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THE patient was a girl, aged two and a half years, who began to suffer at the end of 1901 from a severe attack of pertussis. During the progress of the disease abdominal tuberculosis gradually developed. In the middle of January, 1902, the abdomen was thin, flaccid, and deeply pigmented. On palpation a lump was readily felt just inside the left external iliac spine and a smaller one a little higher up in the neighbourhood of the left kidney, close to the spine. There was neither liver dulness nor ascites and the lungs were normal. Pigmentation was distributed over a large part of the body but most deeply over the left side of the abdomen. Above it reached to the level of the nipples and then faded off towards the neck. This discolouration was almost symmetrical. It existed along the front and inner aspect of each thigh and leg as far down as the ankle. On the back the bronzing formed a zone reaching from the eighth dorsal spine to the level of the head of the femur. The axillæ were pigmented and an area of discolouration extended along the inner side of each arm as far as the elbow. The prognosis appeared exceedingly grave but now after an interval of four months the pigmentation has faded until it is almost imperceptible and the lumps have disappeared. There is still, however, a doughy feeling in the abdomen and the little girl continues exceedingly thin in spite of a ravenous appetite.

The bronzing was apparently due to the pressure of enlarged mesenteric glands on the left suprarenal body. A similar instance is recorded¹ where after death enlarged glands were found pressing upon the left suprarenal body without involving its structural integrity.

Clacton-on-Sea.

ACUTE DERMATITIS CAUSED BY COTONEASTER MICROPHYLLA.

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THE following cases seem to me to be worthy of publication as I can find none on record due to poisoning by *Cotoneaster microphylla*, in addition to which the plant is a common one in gardens, but probably not usually so extensively grown as in the grounds from which the cases in question emanated. In these grounds there is a pergola over a 100 yards in length covered by this plant, besides some low walls over which it is grown. This extensive growth of the plant necessitates care from time to time in the way of clipping. In two of the cases now under notice the patients came to me at the same time just after one of these clippings.

CASE 1.—On Dec. 17th, 1897, a gardener, aged 33 years, came to me with a raised patch on his right wrist, rather larger than a five-shilling piece, the edges having an urticarial appearance; the centre of the patch was covered with exuding points; in addition there was an erythematous condition of the forehead with papules on the hands and thighs accompanied with much irritation. On the 19th the original patch on the wrist was four inches across and was still raised, with a white areola surrounded by a red one; some of the exuding

points had by this time become scabbed over. The papules on the thighs were now more urticarial in appearance; the eyelids and forehead much swollen. The man's tongue was clean, his pulse-rate was 72, and his temperature was normal. These symptoms gradually subsided and he was practically well in 10 days.

CASE 2.—I saw the second patient on Dec. 17th. His cheeks were red and inflamed-looking; his left arm was red and swollen, with some raised patches, as in Case 1. On the 19th his left forearm was much swollen, measuring two inches more in circumference than the right arm, and was bright red in colour. There were raised papules on his thighs, his eyelids and face were much swollen, and he complained of great irritation. His temperature and pulse-rate were normal. This patient did not fully recover till Dec. 31st.

CASE 3.—On Dec. 19th I saw a third patient, a man who had been working with the other two sufferers, but he had only a few papules on the hands.

The head gardener tells me that there have been slight cases since these, after clipping this plant, in spite of the men wearing gloves and keeping their sleeves turned down, and that they quite dread the work. I have examined microscopically leaves of the plant and I find the under surface to be thickly covered with filiform white hairs, having a sharply pointed free extremity with a bulbous expansion where they spring from the leaf. On bruising the leaf in contact with litmus paper an acid reaction is obtained.

The treatment was chiefly local, as there was practically no constitutional disturbance and it consisted in the application of lotions to relieve the irritation which was the worst feature in the cases. It appears to me from the above that there can be no doubt that this plant was the cause of the eruption, especially as the condition had not the appearance of any common skin disease and was most intense on the hands and arms which would mostly come in contact with the plant. No doubt the face and thighs were principally inoculated by the hands, as suggested by Dr. H. R. Crocker in his account of poisoning by *Rhus venenata* and *Toxicodendron*. I imagine that the hairs of this plant, like those of the nettle, secrete an acrid juice and thus cause the inflammation.

Lyme Regis.

NOTE ON A CASE OF PRECOCIOUS CONCEPTION WITH SUBSEQUENT DELIVERY AT FULL TERM.

BY JAMES MILNER, M.R.C.S. ENG., L.R.C.P. EDIN.

ON May 11th, at 5.40 A.M., I was called to attend a girl, aged 14 years, six weeks, and four days, who was said to be in labour. Upon my arrival I was told that the child (which was giving audible proof of an independent existence) had been born some 20 minutes. After ligaturing and dividing the cord the placenta was expressed without difficulty. Upon examining the child I found it to present the signs of maturity and to be quite up to the average size. I was unable at the time to weigh and to measure the infant, but I did so when it was three days old, the result being: weight, 6½ pounds; length, 18½ inches (approximately); fronto-occipital circumference, 13¼ inches; and mento-occipital circumference, 14¾ inches. Probably the weight at birth would be somewhat greater than above stated, for in addition to the usual loss during the first few days there must be taken into account persistent vomiting of the condensed milk given by the nurse in preference to the abundant available maternal supply which early made its appearance.

The subsequent history was uneventful but the progress of the labour was remarkable when the tender age of the mother is considered. The girl said that slight pains which she mistook for stomach-ache began about 10 P.M. on the previous day, but no one was disturbed until 4 A.M. on May 11th when the patient's mother thought that labour was setting in. She, however, thought the pains too slight to take much notice of until about 5.30 A.M., when she sent for me and the child was born before the messenger could leave the house.

The patient's height is 56½ inches and from her general appearance and development she would not be thought to be older than she actually is. Menstruation began at about

¹ Brit. Med. Jour., Sept. 30th, 1893, p. 741.

12½ years of age, but the pubes is still devoid of hair, and the only apparent sign of such an event as is here recorded having taken place is the fully-developed milk-laden distension-striated breasts which contrast very oddly with the general appearance of the child-mother.

The cases of full-term labour in mothers of an earlier age than here stated, quoted in works on forensic medicine, are not numerous, for although such premature assertion of their reproductive powers is not uncommon in females of other and warmer climes, such instances are not so common in this country but that they are worthy of being recorded when they do occur, and it would be of interest to know the (verified) age of the youngest mother in this country who has unaided effected the delivery of a full-term living child and without laceration of the perineum, conditions which obtained in this instance.

The case ought to have formed a subject for the criminal court, but upon investigation by the police an offence within the legal time-limit as required by the Criminal Law Amendment Act could not be proved.

Shipdham, Norfolk.

A Mirror OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv., Proœmium.

WESTMINSTER HOSPITAL.

A CASE OF CIRRHOSIS OF THE LIVER TREATED SURGICALLY
BY THE ESTABLISHMENT OF A COLLATERAL CIRCULATION.

(Under the care of Dr. W. MURRELL.)

THE attempt to treat portal congestion by the establishment of a collateral circulation is based on reasonable *a priori* considerations, and as in a certain number of cases the operation has proved successful it now remains only to determine the most suitable cases for the operation and the best method of inducing the formation of collateral vessels. The copious bibliography which Dr. Murrell has appended should prove of value.

A married woman, aged 48 years, was admitted into Westminster Hospital on Oct. 7th, 1901, complaining of enlargement of the abdomen of four months' duration. She had suffered from morning vomiting for six months, the vomited matter often being streaked with blood. There was no definite alcoholic history and there was no peripheral neuritis. In all probability she had had syphilis. She had had 17 children, of whom 11 were living. She had had various miscarriages at two, three, and seven months, and there was the scar of an ulcer over the left tibia for which she had been treated in the hospital in 1897. On admission the abdomen measured 42 inches at the umbilicus and contained much fluid. The liver dulness could not be mapped out with certainty. She was given five grains of iodide of potassium three times a day for a week and then the dose was increased to 15 grains three times a day for a fortnight, but from this she derived no benefit. Two days after admission paracentesis was performed and six pints and 15 ounces of pale, straw-coloured fluid were drawn off. After the tapping the abdomen at the umbilicus measured 36 inches but the fluid speedily reaccumulated and on the 29th the abdomen measured 42½ inches. On that day under gas and ether an incision was made half-way between the umbilicus and the pubes, and a large glass tube having been introduced 14½ pints of serous fluid were syphoned off, much more, however, subsequently escaping. Mr. W. G. Spencer then made another incision two and a half inches in length in the median line above the umbilicus. The abdominal cavity was explored with the finger and the liver was found to be hypertrophic, hard, not very nodular, and covered with lymph. A portion of the omentum was drawn out and stitched with four kangaroo tendons to the abdominal wall. The stitches were removed on the twelfth day and the tube was withdrawn from the lower opening. The patient was able to get

up on Nov. 22nd and on the 26th there was very little fluid in the abdomen which measured 36 inches. She was discharged on the 30th, a month and a day after the operation.

On Dec. 24th the patient was readmitted with some return of the ascites. She stated that she had been in fairly good health and had been able to perform her duties. Her temperature was 102° F. and she measured 46½ inches at the umbilicus. She was suffering from bronchitis, for which she was given a mixture of chloride of ammonium, carbonate of ammonium, and iodide of potassium flavoured with liquid extract of liquorice. The back was painted with equal parts of the tinctura and liquor iodi fortis and she had inhalations of pure terebene and pinol. At the expiration of 10 days the bronchitis had disappeared and an attempt was made to promote the development of the superficial blood-vessels in the wall of the abdomen—(1) by chloroform poultices made by sprinkling a couple of drachms of chloroform on several thicknesses of lint; (2) by rubbing in unguentum capsici; and (3) by the local application of oleum cajuputi. The cajuput in addition to acting as a counter-irritant was evidently absorbed and gave much relief to the accompanying flatulence. It was thought advisable to keep the bowels well opened by the administration of a drastic purgative. The compound jalap powder was given in drachm doses every morning but was found to be uncertain and unsatisfactory in its action. Turpeth, the *Ipomœa Turpethum* of the Indian and Colonial Addendum (1900) to the British Pharmacopœia, was then substituted and answered admirably. The official dose of the powder is from five to 20 grains but it was necessary to give the maximum quantity in order to obtain a satisfactory action; this usually produced five or six copious watery motions. On this treatment the patient very greatly improved and on March 18th, 1902, it was found that the superficial veins of the abdomen were much enlarged and the circumference at the umbilicus had fallen to 42 inches. The appetite was good; the urine was abundant in quantity and was free from albumin and sugar. The patient continued to make satisfactory progress, being able to get up for some hours every day until April 1st, when the temperature rose to 102·8°, evidently as the result of some localised peritonitis, and continued high for some days. The inflammation soon subsided and good progress was again made until the 27th, when there was another rise of temperature with a considerable increase in the amount of ascites. The patient was tapped on the 29th and 23 pints of straw-coloured fluid, having a specific gravity of 1015, were drawn off. The patient was relieved temporarily but she gradually became weaker and died on May 7th.

Necropsy.—At the post-mortem examination (which was performed by Mr. E. Rock Carling) the body was found to be fairly well nourished. There was a scar of an old surgical wound in the mid-line three inches above the umbilicus. On opening the abdomen there was found recent peritonitis of a fibrinous character matting together the intestines and giving rise to easily separable adhesions of the viscera generally to the abdominal wall. The abdominal cavity contained some pints of turbid fluid, whilst along the course of the descending colon there was viscid, yellowish pus; there was also evidence about the diaphragmatic surfaces of the spleen and liver of old peritonitis with thickening of the capsules and there were a few close and tough adhesions. The liver was firmly attached to the abdominal wall in the epigastric region, the intervening tissue, as was also the falciform ligament, being unusually vascular. Stretching across the abdominal wall from side to side, three and a half inches above the umbilicus, was a band of tissue, apparently organised inflammatory material, vascular, chiefly separable by the fingers, but at the extremities consisting of vessels some of which were as large as a quill and were continued from vessels in the great omentum. The omentum had thus established close connexion with the wall laterally and was slightly adherent in the middle of its extent, but the recent peritonitis made it difficult to say how much of this was of old standing. The liver (weight two pounds and nine ounces) was small, densely fibrotic, and traversed by trabeculae. There were indications of perihepatitis. The spleen had a thickened capsule and there were indications of recent perisplenitis; it weighed 16 ounces. The kidneys weighed 10 ounces; they were lobulated, the cortex was cloudy, and the capsules were adherent. The heart weighed 10 ounces; the left ventricle was slightly dilated and hypertrophied. The aortic valve held water; the cusps were normal. The mitral valve was somewhat