rectum between this and the sigmoid flexure was enormously enlarged. About the centre of this portion was a large hole (almost admitting three fingers), with black, ragged, sloughy edges, evidently caused some considerable time before death. In the parts of the abdomen adjacent were quantities of extravasated meconium. The abdomen was enormously distended with flatus, and the intestines were collapsed.

Remarks.—The operation in itself was successful, and if it could have been performed two or three days earlier would probably have saved the child. The pressure of the retained contents of the intestine had evidently caused a rupture in the bowel prior to the operation. The above deformity, I believe, is exceedingly rare, and therefore worth recording, the most common malformation being closure of the anus itself. It was most unfortunate that surgical aid was not sought earlier.

Cape Town, South Africa.

Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

NOTE ON SUPERNUMERARY NIPPLES.

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It is now well known that supernumerary nipples are by no means very uncommon, although they are usually so slightly developed as to be very easily overlooked. I have seen a considerable number of these freaks of nature, but I never met with a case in which a supernumerary nipple was recognised as such by its possessor. I once pointed one out, and explained its nature, to a patient on whom I noticed it while examining her chest. She was afterwards much amused to find my diagnosis confirmed by the fact that it secreted milk when she was suckling. Supernumerary nipples may occur in either sex, but they are less commonly recognised in males. It may be that they are not really less common, but only that (their development being in proportion to that of the normal nipples) supernumerary nipples occurring in the male sex are usually too small to be distinguished from ordinary "moles" without microscopical examination of their structure. They may be found on any part of the body, but are by far most common on the anterior aspect of the thorax, generally below, and somewhat internal to, the normal mamilla. They are comparatively rarely multiple; but in a case which seemed to me to be interesting enough—from a developmental point of view—to be worthy of record I found two fairly well developed supernumerary nipples symmetrically placed. They were just on the axillary folds and therefore, of course, above and external to the normal glands. In another case, which I saw more recently, there were two supernumerary nipples, symmetrically placed, below and internal to the normal ones. Lines drawn from the supernumerary nipples through the normal ones, and produced upwards, would have passed through the site occupied by the supernumerary nipples in the case above mentioned. It would appear, therefore, that there is a tendency in the human subject to the formation of a double row of nipples, as in quadrupeds; but that these two rows are not parallel, but converging downwards.

Eldon-square, Newcastle-on-Tyne.

A CASE OF OSTEOMA OF THE PELVIS.

BY ARTHUR J. WALLACE, M.B. EDIN.,

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THE patient, an unmarried woman thirty-four years of age, consulted her medical attendant in November, 1893, on account of the state of her general health, and also mentioned casually to him that for about a year she had noticed a "lump" in her abdomen. It was quite movable and painless; therefore she had not paid much attention to

it. Visiting Liverpool at Christmas, she sought the advice of Dr. Telford concerning the "lump." He, finding that it was really the uterus displaced upwards by another mass lying in the pelvis, brought her to see my father, Professor Wallace. She stated that her health was below par, and that she suffered from aching pain in the lower part of the abdomen, which was worse at night; latterly there had been constipation. Nine years previously she had had an attack of what she called "sciatica in both hips," which lasted fourteen days. In the summer of 1891, whilst she was endeavouring to move a shop fixture from the wall, she strained herself, immediately afterwards suffering severe abdominal pain and vomiting. Menstruation began at fourteen years of age and was perfectly normal in every respect.

The patient was anaesthetised in order that a thorough examination might be made. To the eye the abdomen appeared normal; but on palpation the lump which the patient had noticed was felt rising from behind the pubes and reaching as high as the level of the anterior superior iliac spines. It was about the size of a hen's egg and was proved by bimanual examination to be the uterus pushed forwards and upwards by a hard mass which the finger in the vagina encountered about an inch and a half from the ostium vaginae. This mass occupied the greater portion of the true pelvis, leaving between its surface and the pelvic wall, on the left side and in front, a crescent-shaped space, which extended from the left sacro-iliac synchondrosis forwards and to the right as far as the right iliopectineal eminence, and possessed a uniform width of 1½ in., except towards the extremities, which tapered abruptly. The uterus lay in this space, and the body was movable along the greater part of its extent, the cervix less so. The rectum passed through it on the left anterior aspect of the tumour. The latter, examined per rectum, was found to project about an inch above the pelvic brim and was of globular shape and of perfectly stony hardness; its surface was rounded and smooth, though in parts grooved so as almost to resemble the sutures of a foetal skull, as in McKibbin's case.¹ It was attached by a broad base to the second, third, and fourth pieces of the sacrum and was quite immovable. The inter-cristal diameter of the pelvis measured 10½ in., and the distance from the tip of the first sacral spinous process to the upper border of the symphysis pubis was 7½ in. The diagnosis made was that of simple bony growth springing from the sacrum, and in this Dr. Telford quite concurred.

The patient was seen lately, four months and a half after the first examination; no change was to be detected in the condition of the pelvis or tumour, but the general health was restored. This, in conjunction with the solidity and uniformly hard surface of the tumour, leaves little doubt but that it is really a simple osteoma. Under anaesthesia the fingers passed per rectum could be swept over the whole surface, and nowhere was there the least yielding, or even elasticity, to be felt.

The condition is a rare one. In the last edition (1893) of Schroeder's "Midwifery" five cases only are admitted, those of Naegele, Leydig, McKibbin, Behm, and Marchent; Wirckel, however, mentions nine, in six of which the growth sprang from the sacrum. Cazeaux and Tarnier relate but three cases. The case I report is interesting in that it came under observation quite independently of any question of pregnancy or labour. Should the patient marry and conception occur, interference would be imperative.

Gambier-terrace, Liverpool.

¹ Edin. Med. Jour., 1831, p. 352.

THE METROPOLITAN ASYLUMS BOARD.—The returns for the fortnight made at last Saturday's meeting show a slight falling off in cases of scarlet fever, the number being 2286, as compared with 2300 in the previous two weeks reported; of diphtheria 239, as compared with 233; and of enteric fever 89, as compared with 79.

BELGRAVE HOSPITAL FOR CHILDREN.—The annual meeting of this hospital was held on Wednesday last, under the presidency of the Duke of Westminster. The report stated that the attendances for the past year reached 4353, the number of inmates being 225. Attention was drawn by the chairman to the low state of the hospital exchequer. He hoped that the hospital would be more widely recognised and that the necessity for closing a ward would be obviated by the generous support of a benevolent public.