"tumours" were foreign bodies between the cheeks and the jaws. With forceps I removed two balls, the larger of which, in the left cheek, was with some difficulty extracted through the mouth. The cheeks then hung down in flaccid folds. The second lower molar on the left side was displaced inwards, and its buccal fang was exposed almost to the tip. The lining of the cheeks was pale in colour and thickened. The "balls" consist of strips of calico very tightly sewn together with black thread. They are well represented in the accompanying diagrams. I have been unable to discover any motive for this curious freak, and in this it is on a par with many of the practices of hysterical girls.

TREATMENT OF ECZEMA.

BY J. A. WETHERELL, M.B.

COMMUNICATIONS which in any way, by their simplicity and efficiency, tend to the advancement of the domain of practical treatment are deserving of the consideration of all professing dermatology, and especially of those who make this branch their sole study. Having myself been a sufferer from recurrent chronic eczema for a period of five years, and consequently taken a great interest in all pertaining to it, I believe that I have discovered a new method of treating the disease. What is to follow has particular reference to the eczema simplex affecting the fingers and hands. The best procedure possibly will be to divide the subject into sections.

1. *Medical treatment.*—(a) External. I dip pieces of lint, sufficient to surround the fingers separately, in pure liquor carbonis detergens, and apply them, surrounded by gutta-percha tissue, at bedtime. They are allowed to remain on all night. Considerable smarting is at first caused, but it soon disappears. On removing the lint in the morning the skin looks sodden, the former vesicles are often raised into small bullæ, which, however, ere long get absorbed and dry up. During the day the hand is left exposed to the open air, or, better still, kept gloved in thin kid. They are washed every third day with lanoline coal-tar soap. To render the skin more pliable and soft a little lanoline is rubbed in every morning. In the course of three or four days the upper hardened cuticle comes off, in some cases as a whole, in others in large flakes, leaving a clean smooth surface, healthier, with more tonicity in it, and not so subject to undergo the catarrhal multiplication so characteristic of eczema. When much redness or heat exists, or there is an acrid discharge, or the implicated surface is extensive, we may moderate the strength of the alcoholic solution of coal tar by mixing it with (1 to 10 or 20) cold water; or the alkaline bathing, to be presently mentioned, may be tried. If there are only a few vesicles, I have often touched them over with a little pure carbolic acid, so as to bring away a mere shell of epidermis of limited area. Let us now briefly review a few of the other local methods adopted. As to ointments—e.g., of bismuth, zinc, &c.,—all I have to remark is that they are, like the tar method of Hebra, simply disgusting. Even the lowest menial does not care to parade the streets with his fingers or hand bandaged up with so many white linen rags, to say nothing of the small amount of relief producible. Huile de Cade or oleum rusci pyroligneum painted over the parts every day or two will soon dispel an ordinary case; but what about the, to most people, disgusting smell? The treatment verily is worse than the disease. Bathing with saline or alkaline waters, such as are found at Harrogate, Bath, &c., alternating or combined with the application of spirituous alkaline lotions, I have great faith in, especially where the disease is extensive or there is much exudation—e.g., in eczema rubrum,—or the case is intractable to other means. Watering places and the seaside, however, are not always near; nor could the patient always afford to go to them. The various gelatine, collodion, or other impermeable coatings, I consider worthless. — (b) Internal. Drugs, as such, are not required. To speak of treating the gouty or rheumatic diathesis by colchicum &c. is simply ridiculous. Such terms as these should, in my opinion, be abolished, or applied only where actual attacks of gout or rheumatism exist or threaten. Should we not rather speak of such as "a constitution with a tendency to excessive formation of uric acid," or even as "uratic." To give large doses of arsenic is sheer waste of material. Very small doses often dispel scaliness; but it should only be administered

in the form of some mineral water, as La Bourboule, Woodhall, &c.

2. *Dietetic medication.*—Avoid stimulating and indigestible substances, as pickles, tea, &c. In other words, the chief materials of diet should be lean meat, milk, or cocoa to breakfast, old bread, fresh vegetables (except starchy bodies, as potatoes); no pastry. Avoid all that disagrees, especially beer and malt liquors.

3. *General indications.*—Cleanliness in everything is very essential; clothe and diet the patient according to the changing season; avoid all local irritants; take plenty of fresh air and exercise, and by these means alone regulate the bowels and other emunctories.

In spite of all rules, cases now and then occur which withstand all treatment, baffle every effort, and cling to the sufferer for a lifetime. Such must be attacked on general principles. The plan cannot be a stereotyped one.

COMPOUND FRACTURE OF VERTEX OF SKULL, WITH FRACTURE OF BASE.

BY DANIEL MOWAT, M.D. EDIN.

THE following case is of considerable interest, illustrating as it does the vitality of young children, even after having received extensive injuries to the head.

P. T.—, aged four years, had been seriously injured in the head both from the kick of a horse and the wheel of the vehicle, which had passed over it. He received a large wound just over the left parietal bone. The wound, which was the size and shape of a horse's shoe, was covered with mud. After the mud had been removed, the pericranium was seen to be completely separated from the bone, and a fracture extending from the sagittal suture downwards and backwards towards the petrous portion of the temporal bone was observed, into which blood was oozing from a vein of the diploë. The right parietal bone was considerably depressed, and there was a slight abrasion of the skin over it. Blood was oozing from each ear, but on sponging it away that from the right ear was seen to come from a wound immediately inside the external auditory meatus. This soon ceased, while that from the left ear continued to flow for two days, and came through the left auditory meatus. The child lay in a semi-conscious condition, both pupils being dilated, but the left more than the right. The wound was thoroughly cleansed with a solution of corrosive sublimate (1 in 2000). The bare bone was dusted over with iodoform, and the pericranium was brought over it and kept in position by catgut sutures. Iodoform was then dusted inside the wound and the edges brought together, a small opening being left at the lower part for drainage. During the washing and stitching the child exhibited very little sign of pain. Ice-bags were applied to the head, milk and lime-water were given every two hours, and perfect quietness maintained. During the next two days the child exhibited the usual symptoms of concussion of the brain, and it was noticed that the left eye was more prominent than the right (probably the result of oozing from a vessel at the base of the skull, the blood reaching the orbit through the sphenoidal fissure). The child's recovery was uninterrupted, with the exception of a small abscess which formed at the upper part of the cicatrix; this was opened, but no bare bone could be felt. He is now perfectly well, and has the full use of his mental and physical powers. The left eye is now quite natural, but for several months after the injury it remained prominent.

UNUSUAL MIDWIFERY CASE.

BY W. L. J. SUTHERLAND, M.B.

THE following case is, I think, of sufficient interest to merit publication.

On May 11th I was called to see Mrs. W.—, a young married woman, pregnant for the second time, and who had just miscarried. The fetus, of five months' growth, had been born fully three-quarters of an hour before my arrival. After dividing the cord I found something blocking up the vaginal orifice, which turned out to be a second fetus of about three months, with its own bag of membranes, and with its placenta distinctly formed. This second fetus was perfectly healthy, and did not suggest, to my mind at least, the idea of being retarded in its growth, owing to the presence

in utero of another foetus. The patient's vagina was certainly not double, and after careful examination no signs of the uterus being bi-lobed were visible. Had the patient menstruated regularly during the term of pregnancy, I think the case might have been claimed as an undoubted example of super-foetation; but this she did not do. During the last eight weeks, however, she had been almost constantly "unwell," some days very much so, other days very slightly so, and then, again, not at all for a few days at a time. Here I may state that there was some difficulty experienced in removing the placenta of the first-born and larger foetus, as a considerable part of it was intimately adherent to the uterine wall, and had to be carefully detached. Before attempting this, however, I waited for quite an hour and a half.

Notwithstanding the absence of regular menstruation, it seems to me that the above case might with some reason be accounted for by the supposition that the second child had been conceived about two months after the first.

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.

CHARING-CROSS HOSPITAL.

EPITHELIOMA OF SUPERIOR MAXILLA.—EXCISION OF HEAD OF HUMERUS.—SUPRAPUBIC CYSTOTOMY.—REMARKS.

(Under the care of Mr. BELLAMY.)

THE following records of cases which have recently been under the care of Mr. Bellamy will be read with interest, as examples of successful operative treatment. For the case of excision of the jaw the operator claims no more than temporary relief from a fatal disease, anticipating a recurrence; and there is no doubt that the patient has obtained much benefit. In the excision of the shoulder, disease was removed and an increasingly useful limb obtained. Whilst the operation of suprapubic cystotomy, as mentioned in the remarks, was specially indicated for the patient with stone. For the notes of the cases we are indebted to Mr. J. N. Scott.

Epithelioma of superior maxilla; excision of entire upper jaw; recovery.—M. S—, aged forty-six, brickmaker, was admitted on Feb. 7th, 1888, suffering from a large and painful swelling in the left cheek. His father died of senile decay at the age of eighty-eight; his mother of diarrhoea at the age of sixty-seven. Four brothers and sisters are living; six are dead. No history of tumours or phthisis. Always a healthy man. No history of syphilis. The present disease commenced three months previously with a soreness and slight swelling about the alveolar process of the lateral incisor of the left upper jaw. He imagined this to be a "gumboil," and pricked it. The growth enlarged rapidly; there was comparatively slight bleeding and no discharge to speak of, but lately the discharge had become fetid. There was constant dribbling of saliva and a "bad taste in the mouth." At first the pain was not great; but about a month before admission it became severe and constant, and the patient became very weak and worn out. He had not very perceptibly emaciated. The tumour soon began to invade the cheek.

On admission the patient was a fairly nourished man, but rather anæmic. The examination of the face and mouth revealed the following:—On the left half of the soft and hard palates was a fungating new growth, in places ulcerated, and with fetid discharge. Although the growth was not hard there was a tendency to eversion of its edges, and the finger could not reach its posterior limit. The alveolar process was implicated on either side, and on the outer side the cheek attached to the bone was also involved. There was an oblong tumour (as large as a pigeon's egg) fixed to the deep tissues and clearly implicating the skin over it, for

the skin was immovable and somewhat dusky in appearance. The veins were, however, not enlarged, and there was no oedema. There was a doubtfully enlarged gland under the lower jaw and another half-way down the neck.

On Feb. 9th Mr. Bellamy removed the whole of the upper jaw. (The operation is described in the remarks.) The patient suffered rather severely from shock.

Feb. 11th.—He is free from pain and has slept well. Temperature 99.4° and 103.6°. He has taken his food well. Four or five ounces of milk and beef-tea to be given every two hours. There is some slight difficulty in swallowing.

12th.—Still no pain. Temperature 103.6° and 100.6°. Antiseptic dressings removed and reapplied.

13th.—Mr. Bellamy examined the wound to-day and pronounced it healthy. He drew attention to the fact there had been no pain since the operation, and attributed this to the local anæsthetic action of the iodoform. Temperature 98.4° and 101°.

14th.—There is some nausea; perhaps due to the iodoform. Pulse 84; temperature 101.8°.

15th.—Temperature 100°. He is to have four ounces of brandy per diem.

17th.—Quite comfortable; speaks plainer; appetite good. Pulse 84; temperature 99° and 100°.

19th.—There is slight catarrh of conjunctiva of lower part of left eye due to paralysis of the orbicularis, and consequent inability to close the eye.

22nd.—The wound looks healthy; granulations are well formed, and are seen springing up over the exposed portion of the ethmoid. Temperature 98.2° and 99.4°; pulse 80, full and strong.

23rd.—He takes his food well; a little returns each time through the nostril. He sleeps well. The cut tendons of masseter and temporal look greyish, and inclined to slough. Temperature 99.6° and 97.8°.

24th.—Wound healthy; there is little pus. Conjunctiva very injected.

25th.—Temperature 100.3°; pulse 80.

March 6th.—Wire sutures removed from lip. The exposed bone covered by scab. Temperature and pulse normal.

7th.—There is some oedema of the lower eyelid. Conjunctiva seems better. Wound healthy; pus laudable and small in quantity.

8th.—Patient got up to-day. He takes his food well and is very cheerful.

20th.—Patient much stronger, talks more plainly, and, indeed, as far as his general health is concerned "feels quite well."

23rd.—There is again some severe conjunctivitis. Wound perfectly healthy and decidedly smaller than after operation; still dressed as before. Patient will probably soon be made an out-patient.

Remarks.—The diagnosis of the case was clear. A rapidly growing, painful, and infiltrating tumour of the upper jaw can hardly be any but epithelial, especially if the case be so advanced as the present one was, for the skin was implicated. The diagnosis of malignant growth having been made, the treatment was obvious—viz., excision if possible. In this case the growth had not spread so far as to contra-indicate its removal, or rather the removal of the upper jaw. The operation of "complete excision of the superior maxilla" was therefore determined upon and performed as follows. The patient being fully anæsthetised, an incision was made according to Fergusson's line—viz., by entering the point of the knife just below the external canthus, cutting along the lower border of the orbit (just below the lower lid) to the angle between the nose and the eye, then along down the side of the nose round the ala and through the centre of the upper lip. The flap thus formed was thrown outwards. Next, the bones were divided by strong cutting pliers. The articulation of the maxilla with its fellow was divided, the nasal process cut through, and then the articulation between the maxilla and the malar divided. By this latter step the wedge-like action of the forceps forced the bone forwards, and so dislocated or fractured its posterior attachments. A pair of lion forceps then grasped the bone, and it was hoped it would come away in one mass, but it proved to be soft, and had to be removed in pieces. There was comparatively little hæmorrhage. After removal of the bone the skin of the flap was examined again, and being found to be implicated was removed, so that a large cavity was left. The bleeding points, which were few, were tied, the wound dusted with iodoform, and antiseptic dressings applied.