feet or arms. Intense pain was felt, which is still present, but it is not now quite so severe, on the back of the left hand and radiating to the fingers, the pain commencing at the seat of an old fracture of a metacarpal bone which the captain had received some two months previously. The next morning (Sunday) on the back of each shoulder a bloodvessel with its minute ramifications was injected a deep scarlet colour. On the following day this had disappeared. When I saw the body of the mate, about eighteen hours after death, it was almost black, the hair was very much singed, and there was no trace of eyebrows; blood and a serous fluid were pouring from both ears. I was told that the body was burnt down the left side. I examined the feet but could find no trace of injury. The outer garments of both men were literally torn into ribbons. The soles of the deceased's boots were thickly studded with nails and iron boot protectors. The uppers

were joined to the soles by nails. The uppers, from the heels to the toes, were torn away from the sole, one side of one boot being missing. The captain's boots had few or no nails in the soles, but thick iron heel-plates. The uppers were torn from the soles at the heels only, and wooden pegs had been used in making the boots instead of nails. On examining the tree a piece of bark, about two feet square and just at the height of a man's shoulder, was torn off.

The Infirmary, Bridgwater.

CASE OF ABNORMAL AND EXTENSIVE PIGMENTATION IN AN INFANT.

By W. A. MOYNAN, M.D., Q.U.I. and M.Ch.

THE following case, though not of any clinical value, is certainly interesting, if not unique.

In March last I attended the wife of a working class patient

during her confinement. The mother's labour was in every respect perfectly normal, but it was otherwise with the child.

FIG. 1.

Photograph untouched.

FIG. 2.

Photograph retouched, to show darkest part of pigmentation.

The latter is the subject of an extraordinary amount of pigmentation of the skin, confined almost entirely to the dorsal region. The pigmentation is of such an extensive character that the infant might be fitly termed "piebald." The discolouration starts from a Λ -shaped focus, commencing about the seventh cervical vertebra and pursues (the focus) a distinct course downwards and outwards on either side, round the inner margins of the scapulæ. This Λ -shaped focus is as dark as the skin of an Ethiopian and resembles in metallic lustre a sheet of over-exposed albuminised paper. The discolouration gradually lessens towards the margins, but the whole surface is thickly sprinkled with dark patches and spots. It extends from about the seventh cervical vertebra to the last lumbar, from above downwards, and laterally to about the centre of the ribs on either side. The photograph from which the engraving was made does not correctly show the dark nucleus I refer to, which, instead of appearing as the darkest part of the pigmentation is the lightest; this is probably due to the metallic lustre and to the light (a top one) in which I took the photograph. The mottled appearance over the sacral region and the nates is due to a considerable amount of dark-brown downy hair, from which the pigmented portion of the back is quite free. In addition to the pigmentation on the infant's back there are two patches of black discoloration on the cranium, about the size of a threepenny-piece, and a still smaller patch on the left knee. The darkened skin is in all places apparently healthy, and, excepting for colour, is in no way suggestive of a mole. The family history is briefly as follows. The father is thirty-seven years of age, the mother thirty-five. They married at the ages of twenty-one and nineteen respectively. There have been nine children of the marriage. The first seven died before attaining the age of nine months. The mother attributes this mortality to the fact that during the first ten years of her married life she worked in a factory. The two living children—one the infant above referred to—are both robust and healthy. Excepting for the delicacy of the first seven children, there has been nothing of an abnormal character recognisable in any of them but the last.

Penarth.

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.

ST. GEORGE'S HOSPITAL.

A CASE OF RUPTURED GASTRIC ULCER SUCCESSFULLY TREATED BY IMMEDIATE SUTURE.

(Under the care of Mr. WILLIAM H. BENNETT.)

THIS case, in which the operation was performed comparatively early (eight hours and a half after the perforation took place), is an admirable example of the benefit attainable by energetic measures undertaken without delay in ruptured gastric ulcer. The diagnosis was mainly based upon the replacement of the normal liver dulness by tympanitic resonance, the most certain of the early objective signs of perforation of the stomach before distension has become general. The comparatively trivial symptoms preceding the rupture are noteworthy. The absence of hæmatemesis at any time is also interesting, but not sufficiently rare in cases of gastric ulcer to need more than passing comment. It was agreed at the discussion on the subject of the treatment of perforated gastric ulcer at the Royal Medical and Chirurgical Society¹ that sudden rupture of the base of an ulcer of the stomach is more common in those ulcers which are situated on the anterior surface of the organs and towards the cardiac end. Certainly some of the most difficult to manipulate after they had been found were those situated in that part. In one case under the care of Mr. Page,² which unfortunately

ended fatally, it was with the greatest difficulty that he could suture a perforation through an incision two inches to the left of the middle line of the abdomen, though carried to its fullest extent. "The opening was in the anterior surface, close to the lower curvature, and not more than two and a half or three inches from the cardiac end."

At 11.30 P.M. on April 4th last, Mr. Bennett was called to the hospital to see with Dr. Isambard Owen, under whose care the patient had been admitted, a married woman forty-one years of age, who, whilst walking upstairs at 3 P.M. on the same day, felt a sudden violent pain across the umbilicus, became faint, and fell to the ground. Medical advice was at once obtained, and as soon as was thought safe the patient was sent to St. George's Hospital. At the time of the consultation there was considerable collapse, the pulse was small, the temperature subnormal. The abdomen was slightly distended. Above the level of the umbilicus there were acute pain and tenderness; the normal liver dulness was replaced by tympanitic resonance. Abdominal respiration was restricted, but not entirely absent. There was no general peritonitis. The expression of the face was typically "abdominal." There was neither sickness nor nausea. For two years before admission the patient had been troubled with constant flatulence, much increased by food. There had never been acute pain, sickness, nausea, or hæmatemesis. For a fortnight there had been a little "nagging" pain around the umbilicus, which was greatly intensified at a spot an inch above and rather to the right of the middle line after taking solid food. On the whole, however, she considered that she had been in "fair health" until the "breakdown" on the afternoon of the day of her admission. She came of a phthisical family and had suffered three times from inflammation of the lungs. The signs of perforation of the stomach appearing sufficiently distinct, immediate operation was determined upon. The abdomen was therefore opened by an incision in the middle line extending upwards for about three inches from a point just above the umbilicus. A gush of opaque fluid followed the opening of the peritoneum. The exposed surface of the liver was clothed with recent lymph and the parts about the pyloric region were somewhat matted by fresh adhesions. Careful exploration of the anterior aspect of the stomach having failed to detect any lesion, the abdominal wound was enlarged for another inch, the stomach drawn out and turned upwards. There was then found on the posterior surface, about two and a half inches from the pylorus, a perforation equal in size to a No. 6 catheter (English), surrounded by an area of gristly induration about two inches in diameter which, diminishing at the edges, finally faded away into the surrounding healthy parts. The extreme right margin of this induration nearly touched the pylorus itself. The small perforation was just made water-tight by a suture including the whole thickness of the stomach walls excepting the mucous edge. The peritoneum on each side of the perforation, greatly thickened and stiff, was then brought across by six Lembert sutures, so as to completely cover in the occluded perforation. In effecting this some difficulty occurred. The first stitch, which was fastened off rather quickly, at once cut its way through the stiff and thickened peritoneum; the subsequent stitches were, therefore, tightened very slowly. They all then held quite securely. Another series of sutures to act as stays, to reduct the tension on those already introduced, was placed at each end in the long axis of the stomach, extending well into healthy peritoneum. These sutures at the hepatic end passed on to the pylorus. The parts, having been gently wiped over with a clean soft sponge, were returned into the abdomen; the abdominal wound was brought together with silkworm gut and dressed in the ordinary way. No irrigation was practised and no drainage-tube used.

Remarks by Mr. BENNETT.—The number of cases of ruptured gastric ulcer successfully treated by suture at present recorded is so small that no apology is needed for the publication of the case which represents my whole experience up till now of immediate suture in this disastrous affection. I have, however, had, with Dr. Ewart, a case of subphrenic abscess, the result of gastric perforation from ulcer, which terminated in recovery after abdominal section, which will also be soon, I hope, published in full, as it is, so far as I know, the first instance of recovery, under similar circumstances, recorded in this country. Recovery in the case here narrated was uninterrupted and complete. For four days rectal feeding was employed, plain water being allowed to be taken by the

¹ THE LANCET, March 17th, 1894.

² THE LANCET, March 24th, 1894.