Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF MELÆNA NEONATORUM.

By A. R. GUNN.

IN view of the appeal made by Dr. J. B. Page in the columns of THE LANCET of May 25th, p. 1431, the following instance of this rare and usually fatal condition may be worthy of record. One night last February I was present at a confinement in which labour was delayed by a persistent occipito-posterior presentation. The patient was also seen by Dr. H. Oliphant Nicholson. Forceps were applied and about 4 A.M. a small, under-sized, rather premature child was delivered, on whom vigorous and prolonged treatment was necessary before respiration could be induced. Some 20 hours after birth I was again called to the child who I found had passed during the three preceding hours, that is, since 9 P.M., several large, copious, extremely tarry stools, and had vomited frequently, and was at the time of my visit shrunken and collapsed. In the vomited material there were no clots, but it contained a small quantity of dark fluid blood which deeply stained the clothing. Since birth the child had not at any time been put to the breast. The treatment adopted was to give a small initial dose of castor oil followed by occasional sips of cold sterile water, strict attention being paid to the preservation of warmth. In a short time the vomiting ceased, the profuseness and tarry nature of the stools disappeared, and the child afterwards made an uneventful and wholly unexpected recovery.

Edinburgh.

A FATAL CASE OF MELÆNA NEONATORUM.

By ALICE M. WHITE.

ON Jan. 11th, 1907, at 10.30 P.M., I was called in my capacity as a midwife to attend a confinement case. The notes may be interesting in connexion with the case reported by Dr. J. Basil Page in THE LANCET of May 25th, p. 1431. The mother had remained confined to her room for the last three months of her pregnancy owing to an injury. At 11.15 P.M. she was delivered of a female child and at 11.25 the placenta came away, the case being in all points normal and the female infant quite well. 36 hours after the birth I was called by an elder daughter, who said the baby was bleeding from the mouth. I was at the house within five minutes of the call and found no sign of bleeding from the mouth, but upon taking the child from the bed saw that she was lying in an actual pool of blood, which it appears the mother had not noticed. I at once dispatched the father for a medical man and undressed the child to find, if possible, the site of the hæmorrhage. This I found to be the rectum. By means of iron injections the hæmorrhage was controlled and the infant took a little diluted milk with a little salt added, but the case had gone too far and four hours later the child died. The medical man certified that she died from hæmorrhage and there was no post-mortem examination. The mother's story showed that the child had awakened at about 5 A.M. on the day of her death and had been given a few spoonfuls of pure milk—contrary to directions, of course. She "changed" the child by candle light, early in the morning, and noticed that the motions were dark. I found on arrival that the child had passed large clots of blood, so the bleeding had evidently gone on for four or five hours, the mother having slept until 10 A.M. in the morning.

* * The interesting little accounts of cases of melæna neonatorum which we publish above are not written by medical practitioners. We very rarely publish in our clinical records the notes of any but qualified medical practitioners—we may say that we make this limitation a rule—and it is curious that the two exceptions to the rule should have occurred simultaneously. Miss White is a certified midwife. Mr. Gunn is a senior medical student working on "genetics" under Professor Schäfer in the physiological laboratory of the University of Edinburgh.—ED. L.

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.

EAST LONDON HOSPITAL FOR CHILDREN, SHADWELL, E.

A CASE OF GENERAL PNEUMOCOCCAL INFECTION, WITH ACUTE NECROSIS OF BONE.

(Under the care of Dr. J. A. COUTTS.)

FOR the notes of the case we are indebted to Mr. A. L. Loughborough, house physician.

A female, aged two years, was admitted on April 3rd and died on May 8th, 1907. The history of the case was as follows. The child had always been healthy up to two months ago when she developed measles, since when she had not been herself. On April 1st (two days before admission) she had been taken suddenly ill with diarrhoea, vomiting, and fever. She had complained of headache and pain in the right side of her chest. Her breathing had been rapid and for the last two days she had developed an irritating and troublesome cough. There had been no convulsions. She had been lying semi-conscious in her mother's arms for the last 24 hours.

On admission the patient was a well-nourished child looking desperately ill; her face was ashen white. She was breathing rapidly and her alæ nasi were working. Respirations were laboured and accompanied now and then by a short dry cough. Ther respirations were 44, the pulse was 168, and the temperature was 102° F. As regards the lungs the right base was dull to percussion up to the angle of the scapula. On auscultation the breath sounds were diminished and bronchial in character; the voice sounds were distant. The left lung appeared to be normal. The heart's apex beat was a quarter of an inch outside the left nipple line. The sounds were clear, with some accentuation of the second at the base. There was no increase in the area of cardiac dulness. Physical examination revealed nothing further of interest. The right base was explored on admission with a negative result.

On the following day the child seemed much worse. The temperature was 103°, the pulse was 168, and the respirations were 68, and from this time the child went steadily down-hill. On the fourth day after admission she was practically moribund and was given a mustard pack with marked improvement to her condition. Two days later (the sixth after admission) a fluctuating and pulsating swelling of about the size of an ordinary hen's egg was noticed over the fourth and fifth spaces just outside the left nipple line. On closely examining this swelling the pulsation was clearly transmitted. The swelling was incised and about three ounces of greenish pus were evacuated. At first this was thought to be a pointing empyema, as air was sucked in and then expelled through the incision, but as no physical signs of a collection of fluid on this side were detected the incision was enlarged and a more complete examination revealed that the fifth rib at its junction with the cartilage had undergone necrosis and that the abscess formed was totally extrapleural. The bone was bare and quite easily removed, the wound being drained. As the signs at the right base persisted 14 days after admission and the child did not improve a second exploration was made and pus was found and evacuated by a simple incision and drainage. A few days later the right shoulder-joint was found to be swollen, painful, and apparently full of fluid, and this by exploration was found to be pus; the joint was accordingly opened and drained. Three days after this the left hip-joint obviously contained fluid which proved to be purulent. This joint was also opened and drained. From this time the child seemed to become gradually worse, getting more wasted every day, the temperature dropping to subnormal, and she died in an exhausted condition on May 8th.

Necropsy.—At the post-mortem examination it was found