this patient not been seen until labour had actually set in on March 23rd, one might have doubted the correctness of the date of the cessation of the last menstruation. As, however, I saw her on Oct. 29th, and found the abdomen occupied by a uterus which reached to the level of the umbilicus, the case must be considered a very unusual one. This was the patient's second pregnancy, eight years having lapsed since the first confinement. The delay in conception, however, could be accounted for.

Edith W—, aged twenty-two, has been married three months. Date of marriage, Nov. 10th, 1888. Date when first seen by me, Feb. 20th, 1889. On Dec. 25th she was "unwell" as usual. On Jan. 25th she again menstruated, but the flow on this occasion was scanty. On March 9th colostrum was obtained from both breasts. On March 23rd the uterus reached to one inch from the umbilicus. On April 1st movements were appreciated by the patient for the first time. On Sept. 3rd she was delivered by Dr. Gimson, of Fitzroy-square, W., of an apparently full-time female child. This patient was confined on the 206th day from the middle of the intermenstrual period subsequent to the last menstruation, or on the 221st after the cessation of the last menstruation. Taking all the facts into consideration, it is more than probable, however, that this patient must have menstruated twice after conceiving. On Dec. 25th the first menstruation occurred after impregnation, and on this occasion the quantity lost was as usual. The second menstruation took place on Jan. 25th, but this time it was scanty.

Jane L—, aged thirty-seven, and married fifteen years, has had seven children and no miscarriages. Patient was "unwell" in Nov., 1888, and was not again until the end of Jan., 1889—i.e., missed Dec., 1888. During March and the first fortnight in April she suffered almost constantly from a hæmorrhagic discharge. This patient was seen by me on Aug. 1st and stated that she had not been "unwell" since the middle of April. She further stated that on April 22nd (Easter Monday) she had felt the movements of the child, and that she had continued to feel these movements until a month ago (some time in July). On Dec. 30th, 1889, this patient gave birth (without trouble) to an apparently full-time male child. In this case it is very difficult to say what was the probable duration of pregnancy. At first, when I saw the case for Dr. Parrott of Camberwell-road, I was rather inclined to the opinion that it was one of extra-uterine pregnancy. I advised watching, however, and this was done, with the result—natural labour—on Dec. 30th.

Gordon-square, W.C.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

CASE OF RARE MALFORMATION OF FACE, ACCOMPANIED BY OTHER ABNORMALITIES.

BY W. H. C. STAVELEY, F.R.C.S.

THE patient, a male infant, was admitted ten hours after birth to the Victoria Hospital for Children, Chelsea, on Nov. 27th, 1889, suffering from imperforate anus. The face was deformed, as figured; the nostrils extending upwards almost to the inner canthi of the eyes; the lips and palate were normal. The deformity was symmetrical, and may be explained developmentally by failure of union of the external nasal processes of the fronto-nasal with the maxillary plates. He was the third child, and was born at full term. The eldest, a boy just turned three years of age, was alive and well. The second was said to have had exactly the same deformity of face, and died aged two months. No other member of the family had been deformed, and there was no history of maternal impression. The pregnancies had obviously rapidly followed one another. The genitals were normal. A catheter was passed, from which urine freely escaped, and used as a guide whilst an attempt was made to reach the gut through the perineum. This failed, and I performed left iliac colotomy. I failed to recognise with certainty the

sigmoid flexure, but a large distended coil of intestine lying in the iliac fossa was seized, sutured to the abdominal wall, and, as the abdomen was greatly distended, immediately opened. The infant took food freely, cried lustily, slept

well, and the temperature continued normal, but he died suddenly forty-eight hours after the operation.

Necropsy.—Thoracic viscera normal. Abdomen: No peritonitis; the upper part of the sigmoid flexure, which was the coil seized at the time of operation, firmly united to the abdominal wall by plastic exudation. The great omentum was entirely absent. The large intestine was surrounded by peritoneum, and had a short mesentery throughout. The sigmoid flexure had a very long mesentery, and extended right across to the right iliac fossa. Throughout the large intestine there was no indication of the appendices epiploicæ or of the normal longitudinal muscular bands. The rectum terminated blindly one inch and a half above the normal position, the perineal incision having only just failed to reach it. The other viscera were normal.

St. Stephen's-square, W.

CASE OF PITYRIASIS RUBRA.

BY R. W. LLOYD, M.R.C.S. &c.

ON July 13th, 1891, J. B. T—, aged sixty-eight, a big, powerful man, a retired sea captain, who had been much in the East and suffered frequently from malarial fever, and of late for many years from frequent attacks of gout, and occasional more or less extensive attacks of eczema of the flexures of the joints of the eyelids and genitalia, consulted me when the eczema was in an aggravated form and complicated by several indolent inflammatory swellings on the nates and in the perineum. There was no albumen in the urine, and the patient was otherwise sound. During the ensuing three weeks, by careful dieting and the administration of alkalies with colchicum, arsenic, or iodide of potassium and saline aperients (boracic acid ointment being used locally), considerable improvement took place. Then irritation and congestion of the skin increased (this was coincident with the commencement of the painting of the patient's house), and in two days the skin of the whole body became intensely and diffusely inflamed, with cedema of the eyelids. The urine was then suppressed for twenty-four hours. Ten minims of digitalis were administered every four hours, and the flow re-established, and measured three pints in the twenty-four hours on successive days; no albumen; specific gravity not low. There was no moisture of the surface; starch powder was generally applied, but one arm was wrapped in linen soaked in lin. plumbi c. oleo, and to the other arm boracic acid ointment was applied, neither seeming to have any effect. Very extensive and rapid desquamation commenced about the third day, the epidermis separating in large flakes several inches in extent, leaving the surface still dry and of a dark red colour, which did not fade on pressure. The whole surface was shed, but the process of desquamation continued, the flakes of epidermis being now smaller. During this acute attack the pulse was full, about 80 to 96 per minute, and the temperature, usually about 99°, varied from normal to 101°. There was intense thirst, as much as eight quarts of milk

being taken in one twenty four hours, beef-tea and barley-water being also given. From the rapid loss of muscular strength and failure of the power of the voice the disease was evidently very debilitating; so that at the end of a week small doses of carbonate of ammonia with bark were administered every four hours. About the thirteenth day of the disease the increasing weakness of the system was beginning to be manifest in the pulse, and there was œdema of the legs. On the fifteenth day the pulse was irregular and intermittent at times, but the œdema had subsided. Temperature 98.4°. On this day Mr. Stephen Paget kindly saw the patient with me, and advised that the carbonate of ammonia should be increased, that olive-oil should be applied to the surface, and that as liquid stools, not very copious, had been voided several times a day for two or three days, an enema should be given to make sure that there were no faecal masses in the bowel. This was done. No solid faeces escaped. The patient continued to sink, and died twenty-four hours afterwards, although the thirst continued, and he took much of nutritious liquid up to within a few hours of his death.

The most striking points in this case appear to have been the rapid general inflammation of the skin, the suppression of urine, the absence of albumen, the furious desquamation, the comparative absence of fever, the great thirst, marked prostration, and, what has not been mentioned, frequent shivering after the desquamation commenced without complaint of cold, as well as absence of headache or pain, and the little or no irritation after the first few days of the acute attack.

Kensington, W.

ULCERATION OF THE MOUTH AS A SYMPTOM OF LEAD POISONING.

BY OSMUND STEDMAN, M.D. LOND.

I HAVE thought it worth while to record a few notes on this subject because it does not seem to be mentioned in the ordinary text-books as one of the symptoms of lead poisoning. My attention was first directed to ulceration of the mouth as a symptom in this disease by a friend who had two cases in one family, both children, who each had a crop of small ulcers in the mouth, and on having the drinking water analysed it was found to contain a considerable trace of lead. He asked me if I knew it to be a recognised symptom. My answer was that I had not heard of it. In April of this year I was called to see a child about two and a half years of age. He was feverish, temperature 100.4°, and had six or eight small ulcers in his mouth which are best described as "phlyctenular." They were situated on the inner sides of the cheeks, some opposite to where there were teeth, and some further back, so that they did not appear to bear any relation to the teeth. The ulcers consisted of red excoriated spots varying in size from that of a pin's head to that of a hemp-seed, each surrounded by a small halo of whitish swollen mucous membrane. The child was constipated, and except the fever had no other symptom to note. The following day he vomited several times, and had frequent attacks of griping pain in the abdomen (colic), during which he screamed and drew up his legs. These symptoms, of course, clearly pointed to lead as the cause of the trouble, and on analysing the drinking water it was found to contain a considerable trace of lead, the source of the contamination being rain water stored in a lead-lined tank. There was no blue line present at any time, and on removing the cause of the trouble the patient rapidly got better, the treatment being directed to relieve the constipation by enemata, and the colic by small doses of opium. It would seem, therefore, that in cases of ulceration of the mouth in children one should look carefully for lead poisoning as a possible cause.

Sevenoaks.

THE INFECTIOUS DISEASES ACTS.—The Keynsham Board of Guardians, acting as the Rural Sanitary Authority, and the Malton Rural Sanitary Authority, have decided to adopt the Infectious Diseases (Notification) Act, and the Infectious Diseases (Prevention) Act. A letter received from the Central Authority, by the Malton Board, stated that out of 575 rural sanitary authorities in England and Wales, 390 had adopted the former Act, and 135 the latter.

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.

TWO CASES OF PRIMARY AMPUTATION AT THE SHOULDER-JOINT.

(Under the care of Mr. PICK and Mr. BENNETT.)

THESE cases illustrate the operation of amputation at the shoulder-joint as not infrequently required in our large hospitals. In the first case the limb had been torn off completely; in the second there was an extensive crush of the bone extending up to the joint. The flaps were fashioned as appeared best adapted in each. It is interesting to refer to the tables given by Messrs. Dent and Bull¹ of the mortality attending amputations at this hospital, showing as it does continuous improvement as the result of more recent methods of wound treatment. In a series of 300 cases between 1852 and 1866 the mortality was 27.6 per cent.; in 200 cases between 1866 and 1874, 37.5 per cent.; and in 400 cases between 1874 and 1888, 21 per cent. The mortality between the ages of twenty and thirty, which in a first series amounted to 18.9 per cent. and in the second to 34.7 per cent., in the third had fallen to 14.7 per cent. Essen of Dorpat² gives a series of 162 major amputations from 1878 to 1888, with a mortality of 17.9 per cent. Roman and Klopfer³ report from the Tübingen clinic 205 major amputations from 1882 to 1888, with a mortality of only 2 per cent., and attribute the low percentage to the use of wood wool as a dressing and corrosive sublimate as an antiseptic. The following account is from the notes of the surgical registrar, Mr. W. Allingham.

CASE 1.—D. H—, aged twenty, was admitted into St. George's Hospital on March 15th, 1891. That morning, whilst he was working a machine, his right arm had been caught in it and had been torn completely away about the middle of the humerus. A tourniquet had been applied at the factory, so that there was but little hæmorrhage. The skin about the chest and back was also very greatly bruised. On admission the patient was in great pain, but was not very much collapsed. Amputation was performed by Mr. Bennett. The axilla was cut down into and the axillary artery ligatured. Mr. Bennett then made a large deltoid skin-flap, which contained no muscle. The joint was opened from above, and a posterior flap was made by a cut right through. The vessels were ligatured with catgut, a drainage-tube was inserted, silkworm gut sutures were introduced, and antiseptics were used. After the operation the patient was in a very fair state. He had no pain, though he complained of much thirst. Just before midnight, however, he had a rigor, and the temperature rose to 103.3°, falling to 99.4° by the morning of the 18th. The wound was dressed, and there was some blood-stained discharge. On the 20th he was feverish, and the temperature was 102°. The margins of the lower flap were sloughy, and there was a good deal of discharge. He had pain in the right chest near the third rib in front. From the 22nd onwards the stump was dressed daily. On the 26th the sutures and drainage-tube were removed. The sloughs were separating, and the discharge had diminished. On April 4th most of the sloughs had separated, and the wound looked more healthy. The temperature had dropped steadily to a little about normal. On the 11th the wound was healed, and on the 22nd he was discharged well.

CASE 2.—J. J—, aged twenty-three, was admitted into St. George's Hospital on April 1st, 1891. That day the patient had caught his right arm in some machinery, and had had it crushed right up to the shoulder-joint. The axillary artery was torn through, but did not bleed. The skin of the chest and back was badly lacerated and bruised.

¹ Medico-Chirurgical Society's Trans., THE LANCET, June 14th, 1890.

² Sajous, vol. iii., 1890. Deut. Zeits. für Chir., vol. xxxi., Nos. 1 and 2.

³ Ib., et Beitrage zur Klin. Chir., vol. vi., p. 405.