may be rapid and severe, so that the child's health suffers, and a deep rigid scar is left. Thus, in a healthy infant a few months old, an out patient at Great Ormond-street Hospital, with an ill-defined capillary growth round the ankle and the lower part of the leg, the ulceration was so sharp that the child was much reduced, and it left a hard, sunk scar. Or the ulceration may even prove fatal in a young or sickly child. Thus, a syphilitic infant, only a week old, was brought to Great Ormond-street Hospital, in whom a capillary nævus, occupying almost all the right side of the face, began to ulcerate only three or four days after birth. The orbit was attacked, the eye was rapidly destroyed, and the infant died before it was a fortnight old. An infant six weeks old was brought to the West London Hospital with a large nævus of the side of the neck, from the ear to the shoulder, which was ulcerating in two places, with free discharge. There was wide-spread sloughing, and the child sank and died. In a third case, of which I have only the mother's account, a flat red patch under the chin was noticed a week after birth; three weeks later, after a scratch, it began to "fester," and then destroyed the floor of the mouth, and the child died. But such cases as these are rare; the process itself is so common that this note of it is perhaps superfluous; but it may serve to supplement the accounts of capillary nævi given in the text-books.

Wimpole-street, W.

THIRTEEN YEARS' COMPLETE OCCLUSION OF RIGHT NASAL PASSAGE BY FOREIGN BODY; REMOVAL.

BY HUGHES REID DAVIES, M.R.C.S., L.R.C.P. LOND.

ON Aug. 13th, 1890, Miss Kate T—, a young lady aged nineteen, sought my advice concerning her inability to respire through her right nasal passage. She gave the following history. Thirteen years previously, whilst swinging with some other children upon a railing in the Victoria Park, she fell with considerable violence, face downwards, upon a gravel heap. She was taken to a neighbouring surgeon, who removed a good deal of earth and gravel from her face and nostrils. After some ineffectual attempts to completely clear the right nostril the child was told to go home, and that "the remaining pieces would come away of themselves in time." From that date until the time of her seeking my advice the young lady had been unable to "breathe through the right nostril." Beyond the knowledge of the occlusion, and a slightly nasal speech—such as is often met with in cases of enlarged tonsils or pharyngeal adenoid growths—little inconvenience resulted during thirteen years. Lively recollections of the previous attempt at the removal of the obstructing mass, the pain and alarming bleeding which followed any attempt on her own part to clear the passage, rendered her exceedingly shy of seeking further medical advice upon the subject, although strongly urged to do so by her friends. Laryngoscopic examination revealed a foreign body, of hard, "mortary" consistence, situated about an inch from the right nasal aperture, forming a complete obstruction to respiration on that side. With but little trouble, and hardly any pain, I was able to remove the mass, which crumbled upon the gentlest application of probe and dressing forceps. Profuse hæmorrhage followed, but it was easily controlled by an antiseptic solution containing some tannic acid powder. Beyond a certain amount of œdema lasting a few hours, no ill-effects followed the removal of the body, and the right nostril is now as patent as the left. The mass removed completely bore out the patient's history, as it was composed of gravel, and a kind of "mortary" debris. The points of interest seem to be the long occlusion (thirteen years) of the nostril; the little inconvenience resulting, and the peculiarity of composition of the occluding mass.

Bow-road, E.

ON THE CLINICAL ESTIMATION OF FAT AND CASEINE IN MILK.

BY J. B. NIAS, M.B. OXON., M.R.C.P.

I DEvised the following process for my own needs in connexion with the subject of fat in infants' food, and believed it to be original, until, on looking up authorities, I found I had been anticipated as regards the analytical part by

MM. Quesneville and Adam.¹ Put some of the milk in a test-tube with a piece of litmus paper, add a drop or two of liquor potassæ until the test paper shows the liquid to be quite alkaline, and boil. Set aside in a warm place, and the fat will rise to the top; a small but constant percentage remains behind, making the liquid opalescent. Remove the layer of fat, by a fine glass pipette, and add a few drops of dilute acetic acid, until the test paper shows acidulation. The whole of the proteids will be precipitated on boiling again and setting in a warm place. The relative proportions can be read off by a ruler applied to the tube, or a graduated tube may be used. I prefer to fill an ordinary test-tube to 100 mm., using a small steel 6 in. ruler made by Chesterman of Sheffield, graduated in millimetres and twentieths of an inch. The principle, which is that of MM. Quesneville and Adam, is the conversion of all the caseine and albumen into alkali-albuminate and its subsequent precipitation. For those who do not mind travelling beyond the contents of the ordinary urine test-case the process will be greatly improved by shaking with a small quantity of ether—or better, benzine—to bring the fat to the top, and precipitating the alkali-albumen with crystals of sulphate of soda or magnesia, or ferrocyanide of potassium. The process is not exactly what is wanted by the ordinary public analyst, or no doubt its simplicity would have brought it into use. It has the great advantage of being applicable to human milk, the caseine of which is not precipitable by simple acidulation, and I recommend it to those who, having charge of lying-in wards, have opportunities of adding to our present uncertain knowledge of human milk; as also to those who wish to control the quality of milk supplied to children's wards, crèches, &c. Anyone who uses it on the various substitutes for human milk will soon be struck with the excess of caseine or deficiency of fat presented, according to the degree of dilution. With the importance of this defect, and its proper remedy, I have dealt in another paper.

Brook-street, W.

CASE OF NON-ABORTIVE HÆMORRHAGE DURING PREGNANCY.

BY J. MURRAY SMITH, M.B.

IN connexion with Dr. W. J. Rothwell's observations on the above subject in the *Obstetric Gazette* (Cincinnati) for August, 1890, and which gave rise to discussion when read before the Denver Obstetrical and Gynæcological Society, I have observed the following case, which strongly supports his views. The patient is a very spare, thin lady, aged twenty-four, the mother of two children (she was married at nineteen years old), and has had several miscarriages at varying periods of pregnancy. She has, since the first appearance of the menses at sixteen years, always suffered from a weight and bearing down, with painful and frequent micturition. An examination proved an anteverted and anteverted uterus, with a prolapsed and greatly relaxed condition of the anterior vaginal wall. In her present pregnancy, now about four months gone, she is suffering greatly from a varicose condition of the pudendum, which, after she has been long in the upright position, gives considerable inconvenience and pain on sitting down. When about three months pregnant I saw her for a violent attack of hæmorrhage. It had soaked quite through her dress and on to the chair she was sitting on. The attack came on suddenly and without pain; in fact, it gave her relief from a sense of fulness, and it felt to her (as she expressed it) as if something had burst. The os was raw and eroded, but there was no dilatation. There was a very painful condition of the lower segment of the uterus, and the cervical plexus of vessels was very congested. The diagnosis was that it was non-abortion hæmorrhage, and the treatment recommended was the recumbent position, with raised pelvis and extremities. Hæmorrhage ceased gradually, but no abortive pains followed, and the patient has now reached four months and a half of pregnancy. The diagnosis rested on the condition of the vessels in the cervical region of the uterus, whilst there was no dilatation of the os and no labour pains,

Toddington, Beds.

¹ Frémy: *Encyclopédie Chimique*, t. ix., sect. 2, pp. 204 seq. Paris, 1888.