and the abdominal walls were laden with fatty masses. The liver was smooth, engorged with blood, and oily, and the gall-bladder was full of greenish-yellow bile. The spleen was dark, enlarged, and friable. The kidneys when stripped of their capsules both displayed several deep cup-shaped depressions, evidently due to old embolic infarctions, the general picture upon section being distorted. The intestines were distended and of a pale colour; the bladder was hypertrophied; and the muscles were pale and exuded little blood.

It is recognised in all hot countries that the back of the neck immediately below the occiput is the important spot to be protected, both in man and beast, from the direct rays of the sun. These solar rays, I feel sure, act in the first place directly, and they do so by causing a disturbance in those vaso-motor centres which are situated in the medulla, affecting the proper discharge of their functions, and specially interfering with the action of the sympathetic system. The blood-vessels of the brain are enormously dilated, also those of the cord and the thoracic and abdominal organs; but those throughout the voluntary muscular system do not appear to be affected. The contracted pupils, absence of sweat, Cheyne-Stokes respiration, and hyperpyrexia, all primary symptoms, point to this conclusion. As suggested by Sambrook, it is not impossible that a microbic influence is at work and the early appearance of lepto-meningitis would tend to give support to this theory.

The essentials of treatment are ice, enemata, ice-baths, &c., and if a hose be handy it should be turned on to the patient for a time, as is done on board ship, in order to lower the surface temperature. A small dose of calomel should be given at the outset; then, every hour, and afterwards less frequently, a draught such as this: 20 minims of solution of acetate of ammonium, 15 grains of bromide of potassium, and 20 minims of spirit of nitrous ether in water. I might be inclined in another severe case to try a hypodermic injection of pilocarpine to induce perspiration if I considered the heart would stand it. Then, to improve the flagging circulation, stimulants must be employed and, when the time comes, digitalis—not strychnine.

Shooter's Hill, S.E.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

MEASLES AND CHICKEN-POX OCCURRING SIMULTANEOUSLY.

BY EDWARD J. BLACKETT, M.R.C.S. ENG., L.R.C.P. LOND.,
SURGEON TO THE HOSPITAL OF SS. JOHN AND ELIZABETH,
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THE following brief notes of two cases which were under my care in the early autumn of last year are, I think, of some interest owing to their clinical rarity, for as far as I have been able to gather the combination of chicken-pox with measles is certainly uncommon.

I received a message asking me to go to see a boy and I must own that I went with a biased opinion, as the wording of the message was: "Will you come and see my boy who has measles?" Accordingly I fully expected to find a typical case of measles when I got to the house. Before I saw the patient I elicited the fact that he had been home from school about three days and that there had been an outbreak of measles there before he left. I saw the patient, a boy, aged 13 years, in bed. His face was a little flushed and the eyes were slightly—in fact, very slightly—congested; there was no coryza. The temperature was 100° F. There was no sign of a rash on the face, the chest, or the arms. On examining the back I saw three or four typical chicken-pox vesicles but no sign of a measles rash. I asked the patient if there had been any other illness at the school besides measles and he told me that there had been a few cases of chicken-pox and by further questioning I found that he had seen one of the boys with it about ten days before and had also about the same time come in contact with a patient suffering from measles. So I came to the conclusion that the boy

had chicken-pox at present, whatever else he might be going to have in the future. On the next day his temperature was still about 100° and there were no fresh vesicles, but a morbilliform rash was making its appearance on his face, chest, and back, being most marked on the back. His younger brother, who had been exposed to the same sources of infection, I saw for the first time. He was listless and complained of headache. His eyes were more congested than were his brother's, but there was no coryza or cough. I could find no signs of measles about him, but, as in the case of his brother, a few chicken-pox vesicles were seen. On the next day the elder brother exhibited a characteristic measles rash and the younger one was showing faint signs of the rash, and on the following day the measles rash was well marked on the younger as well as on the elder brother. Nothing further of interest occurred during the progress of the two cases and both boys were convalescent in a fortnight.

The main point of clinical interest in these cases was, I think, the fact that when the rash of measles appeared it completely masked the chicken-pox vesicles and if I had not seen the cases so early I would have looked upon them as simple cases of measles, but the few vesicles I saw first were undoubtedly those of chicken-pox and the history of the cases made my diagnosis, I think, a correct one.

Bryanston-street, W.

A CASE IN WHICH HOUR-GLASS CONTRACTION OF THE UTERUS IN A CASE OF TWIN BIRTH ARRESTED THE EXPULSION OF THE SECOND FŒTUS.

BY STANLEY J. KERFOOT, M.R.C.S. ENG., L.R.C.P. LOND.

ON Jan. 4th I was sent for to attend a married woman, aged 29 years, a multipara, who thought herself to be from five to six months pregnant. Labour was well advanced, the pains occurring about every ten minutes. On vaginal examination the os uteri was found to be fully dilated and the membranes were presenting, which I ruptured. A hand presented and it was necessary to turn to deliver. External examination then indicated a second foetus and on vaginal examination a second bag of membranes presented, which I ruptured. After waiting for some time, during which the woman had four pains, and being unable to discover any presentation, I followed up the cord of the first foetus into an apparently empty uterine cavity. The funis was then found to ascend through a very small constricted opening, into which with difficulty only one finger could be inserted. Gradually, this resistance was overcome and eventually I was able to insert my hand, grasp a foot, and speedily deliver the second foetus. Both placentæ were then removed without the contraction occurring again. I have never had a similar case in my own practice nor can I find any reference to such a case by any of the authorities.

Bedminster, Bristol.

RÖTHELN AND MEASLES

BY J. REID, M.A., M.D., C.M. ABERD.

THE following brief notes of four cases of possible double infection may be interesting.

CASE 1.—On Dec. 26th, 1902, I was called to see a girl, aged 12 years, on whom a rash had been observed by the mother on the 25th. There were slight bronchial catarrh, inflammation of the tonsils and pillars of the fauces, with the typical rash of measles present everywhere except on the face and head. There was no coryza or inflammation of the eye. The disease ran a mild course, the eruption disappeared on the sixth day, and the lungs remained clear. The throat alone gave some little trouble. Koplik and Filatow spots were absent. On Jan. 4th the skin of the fingers peeled off in large pieces. On the 6th ulcerative stomatitis and cardiac bruit were present. On the 10th there were chorea and pericardial friction sound at the base, with irregular heart and sleeplessness. On the 11th she had improved in every respect and desquamation was complete.

CASE 2.—On Dec. 29th a sister of the above patient, aged 13 years, was brought under my notice for a rash which appeared on the previous day. This was a typical case of measles with Koplik and Filatow spots, coryza, rash on the face, &c. There was as sequela rheumatic pain in one foot,

which had previously been similarly affected. Apart from some slight throat symptoms and bronchial catarrh which were present from the beginning there were no other sequelæ.

CASE 3.—On Dec. 31st another sister, aged two years, presented classic symptoms of measles with Koplik and Filatow spots, slight throat affection, and bronchial catarrh. The child was convalescent on the sixth day. Parotitis was present on the right side on Jan. 6th but it soon disappeared.

CASE 4.—On Jan. 2nd another sister, aged 14 years, who had been taken ill on Dec. 25th and presented some symptoms of septic poisoning, was brought under notice for a rash which appeared on Jan. 1st. Typical measles over the face, body, &c., with Koplik and Filatow spots, was present. There were the throat symptoms already described and a sequela of pneumonia on the 4th.

All had the rheumatic diathesis and in no case was high fever present, but the hearts were weak in every case. The patient in Case 4 had generalised branny desquamation.

It is strange that the patient in Case 3 has been running about quite well since Jan. 6th and the older members of the family—more especially the patient in Case 4 who on the 11th had well-marked rheumatic symptoms—some time previously should be prostrated with various complications. Was the disease measles or was there double infection? The absence of rash of a typical measles form from the face caused me to be specially on the alert for scarlet fever. On the 19th all were convalescent, no chorea or signs of desquamation were to be found, and the pericardial friction sound, the ulcerative stomatitis, and the chorea had left no appreciable signs. All occupied the same bedroom.

Southfields, S.W.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

The Operative Treatment of Gastric and Duodenal Ulcers.

A MEETING of this society was held on Jan. 27th, Mr. ALFRED WILLETT, the President, being in the chair.

Mr. B. G. A. MOYNIHAN read a paper on the Surgical Treatment of Gastric and Duodenal Ulcers, illustrated by a series of 50 cases, which will be found published at p. 294 of our present issue.

Mr. D'ARCY POWER said that the treatment of perforation of gastric ulcer was passing through the same transition stage as had been seen in the treatment of hernia and intussusception. Because in some cases recovery took place without operation that was no reason for postponing operation. He thought that in all cases in which perforation had taken place operation should be performed at the earliest opportunity. He considered that drainage of the peritoneum was advisable and necessary in some cases and he mentioned a case in which some eight or ten days after operation a subphrenic abscess had formed and the patient had died. He thought that in this case the patient might have been saved had drainage been resorted to. He thought that there was rather a tendency to overfeed the patient, with the result that vomiting was induced. He quite agreed with Mr. Moynihan that pyloroplasty was an unsuitable operation and should be abandoned, as the results were unsatisfactory. He considered that the accurate adjustment of the openings in the stomach and intestine was of great importance since any tension or traction on these parts tended to produce vomiting.

The PRESIDENT said that the paper dealt essentially with two important conditions: (1) perforating gastric ulcer, and he agreed with Mr. Moynihan that the sooner operation was performed the better was the patient's chance of recovery; and (2) chronic ulcer and cicatrization, giving rise to chronic dyspepsia. The success which had attended operation in these cases was very great, for not only was the immediate result of the operation good but the subsequent results were most satisfactory, for the patients were saved from the chronic invalidism into which they often otherwise drifted. He referred to the certainty of diagnosis and pointed out that in none of the cases recorded had the abdomen been opened without finding some lesion. He thought that simplicity in the operation was especially to be sought for.

Mr. T. C. ENGLISH referred to 40 consecutive cases of gastric and duodenal ulcers which had been operated on in St. George's Hospital. In 21 recovery had taken place. The latency of symptoms had been a marked feature in some cases, and he mentioned two cases in which the symptoms were very slight but a perforation had been found. He referred also to other cases in which more marked symptoms had been present and in which on opening the abdomen no ulcer had been found.

Dr E. P. PATON referred to the question of drainage and asked what objection there was to local drainage. He considered that its use tended to prevent the occurrence of a subphrenic abscess.

Dr. G. NEWTON PITT doubted whether anæmia was less marked in cases of acute gastric ulcer than in cases of chronic ulcer. He asked if Mr. Moynihan had any evidence that a hard, chronic, gastric ulcer healed after a gastro-enterostomy. He thought that gastric ulcers were not so rarely solitary as Mr. Moynihan seemed to suppose.

Mr. MOYNIHAN, in reply, said that in any case in which there was doubt as to perforation of a gastric ulcer operation should be performed. With regard to the question of drainage he said that it was unnecessary when the peritoneum was properly cleansed. Subphrenic abscess arose from inadequate cleansing of the peritoneum. He thought that fluid should be given early and frequently after operation. The anæmia which occurred in acute ulcer was never so profound as that seen in chronic ulcer and was more transient. He said that in his experience chronic ulcers of the stomach were never solitary and he had never seen a duodenal ulcer without a gastric ulcer being present. Practically speaking, he would say that chronic ulcers were never solitary.

MEDICAL SOCIETY OF LONDON.

Exhibition of Cases.

A MEETING of this society was held on Jan. 26th, Mr. C. A. BALLANCE, one of the Vice-Presidents, being in the chair.

Mr. C. R. B. KEETLEY exhibited a case of Undescended Testis after Operation. The patient was one of two who had been exhibited nine years ago as an example of what was at that date a new mode of operating for undescended testis.¹ At that time the testis of this patient was markedly atrophied. Some of the speakers had suggested its removal and it was further suggested that the patient should be exhibited again in order to see if the organ would grow after having been brought into its more normal position at the root of the scrotum. The patient was in the habit of playing football and cricket but had never incurred any injury to the testicle and both Mr. Keetley and the patient were satisfied that it had notably enlarged. The patient, moreover, had suffered no pain or inconvenience whatever.

Dr. H. CAMPBELL POPE exhibited a case of Venous and Lymphatic Nævus of both Cheeks in a boy, aged 14 years. The appearance presented on the cheeks of this patient had come on suddenly after an attack of scarlet fever about nine years before. The cheeks were very swollen and thickened, of a bluish tint, and there was a ring of pigmentation under each eye. The swelling of the cheeks was always greater during cold weather.—Mr. J. HUTCHINSON, jun., referred to a case of the same kind affecting one side of the face in which the superficial lymphatics evidently possessed communications with the deeper lymphatics.—Mr. T. H. OPENSHAW referred to a case which he had treated beneficially by actual cautery.—Mr. BALLANCE regarded the case as belonging to the same category as hygroma and amenable to the same treatment.

Mr. OPENSHAW exhibited three cases of Congenital Dislocation of the Hip-joint. The first case, that of a female child, aged seven years, had been treated by the manipulative method of Lorenz. The second case, that of a female child, aged eight years, had been treated by the open method of Hoffa. The third case was that of a girl, aged 13 years, presenting dislocation of both hips, who had not yet been submitted to treatment; the prospect of improvement, Mr. Openshaw remarked, was not very hopeful. He believed in general that good results could be obtained by the manipulative method of Lorenz in children up to the age of five years, but after that age he expressed a preference for the "open" method of Hoffa.

¹ THE LANCET, April 21st, 1894, p. 1008.