ERYTHEMA OF THE FACE OF BUTTERFLY DISTRIBUTION.

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THE following are brief notes of four cases of erythema of the face seen at St. Saviour's Union Infirmary, East Dulwich-grove. The erythema in every case spread symmetrically over the nose and both cheeks, generally, however, being rather more extensive on one side than the other. All the patients were suffering from some affection of the stomach or intestines, and extremely ill at the time of appearance of the rash. One was a feeble old woman suffering from diarrhoea and vomiting. Two were the subjects of acute phthisis complicated by diarrhoea, and a fourth, a case of hæmatemesis from cirrhosis of the liver.

CASE 1.—A woman aged seventy-seven was admitted to the infirmary on March 31st, 1891, with irregular heart, no bruits, no albumen in urine. On April 15th she had severe epistaxis from which she never thoroughly recovered. For the next six weeks she had attacks of vomiting and diarrhoea, alternating with constipation. On May 30th, after two or three days of vomiting and diarrhoea, an erythema appeared on the face with rise of temperature to 102° F. The erythema had the distribution of lupus erythematosus, affecting the nose and both cheeks, but descending slightly lower on the left than on the right. The affected skin was slightly swollen, of pinkish red colour with well-defined edge. The eyelids were reddened and somewhat cedematous. The temperature

rose to 104° on the second day, after which it remained between 100° and 102° until death occurred on the fifth day. The reddened area had then spread downwards on to the neck on either side, uniting under the chin, leaving that as a white island. It had also spread halfway up the forehead. Slight desquamation was commencing on the right side of the nose. The diarrhoea and vomiting had ceased when the rash appeared and the bowels were constipated during the last five days.

CASE 2.—A woman aged thirty was admitted on Feb. 3rd, 1892, with signs of extensive recent phthisis following old disease at the left apex. She suffered from diarrhoea and had five or six small deep ulcers on the upper surface of the tongue. On Feb. 14th, the day of death, there was swelling and redness of the nose and both cheeks. The reddened area had a well defined edge, was slightly tender, but there was no complaint of itching or pain. The nurse said that it had commenced four hours previously.

CASE 3.—A man aged thirty-five was admitted on Jan. 29th, 1891, with signs of extensive phthisis and a history of only a few weeks' illness. He had severe diarrhoea. On Feb. 16th he had symmetrical redness and swelling of nose and both cheeks with well-defined edge. The redness continued until death on the following day, but had not spread beyond the cheeks. He was conscious to the last,

but made no complaint of his face, his attention being directed to his cough.

CASE 4.—A man aged fifty-three was admitted to the infirmary on June 3rd, 1891, suffering from jaundice with ascites, due to cirrhosis of the liver. On July 6th he had severe hæmatemesis, vomiting about two pints of blood. The hæmorrhage nearly proved fatal. On the following day an erythema of precisely the same character as that seen in the other three cases appeared on the nose and cheeks. The temperature was 100·2°. This disappeared in four or five days, as the patient slowly recovered from the loss of blood.

In one of the above cases the swelling is described as slight—that is to say that it was slight compared with the swelling usually seen in erysipelas of the face; in all, however, it was sufficient to cause considerable disfigurement. Its distribution associates it with one variety of Gutta Rosea, of which I suppose it may be considered a very acute form. It is possible that the first case may have been erysipelas, but at its commencement it closely resembled the other three, in which there could be no suspicion of that disease. In that case and in the other two that ended fatally the erythema may have been merely a symptom of failure of some part of the vaso-motor system, the prelude to general circulatory failure. In the fourth case the patient was almost moribund from severe hæmorrhage at the time of the appearance of the rash and it disappeared as he recovered. The high temperature noticed in the old woman, which was uncomplicated by the pyrexia of acute disease, may be considered to militate against this view; but not unfrequently, especially in cases of diarrhoea, the temperature rises as the final collapse approaches. This has invariably been the case in my small experience of children, in one instance the temperature reaching as high as 108° F. before death.

Greenwich, S.E.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL AND THERAPEUTICAL.

A CASE OF RUPTURE OF THE LIGAMENTUM PATELLÆ; WITH TREATMENT.

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THE comparative rarity of rupture of the ligamentum patellæ makes the record of any such case of considerable interest, especially when the treatment adopted has resulted in a perfectly satisfactory recovery of the injured parts, as in the following case.

H. B.—, whilst leaving his hotel missed a step, and fell heavily; his knee giving way he found he was unable to rise. In this condition he was found, and a medical man was sent for, who had his leg temporarily fixed on a splint and ordered his removal to bed. On the following day I was telegraphed for, and saw him with Mr. Alford of Weston-super-Mare, the gentleman who had attended him. The following conditions were found. The patella on the injured side was drawn upwards on the thigh three-quarters of an inch and a deep depression was left at the usual site of the ligamentum patellæ. The distance between the lower border of the patella and the upper border of the tuberosity of the tibia on the injured side was one inch and three-quarters, whilst on the sound side measurement gave one inch. As the chief point in treatment was to counteract the pulling upwards of the patella by the extensor cruris muscles I had a splint made after Manning's pattern, a description of which with the woodcut is given in "Erichsen's Science and Art of Surgery." It consists of a back splint hollowed to fit the shape of the back of the leg and reaching from the gluteal fold to the sole of the foot, with a footpiece attached at a right angle. Where the heel comes it is deeply hollowed, and about nine inches above is an obliquely-punched slit across the splint about two inches and a half long. A bar runs through the hollow at the heel of the splint and projects on either side. The limb having been bandaged to the knee, strips of plaster cut two inches wide and long enough to overlap in front of the thigh are stitched by their centres to a strip of stout calico or webbing and applied to the thigh from above down-

wards, thus grasping the muscles so that when traction is made on the calico band the muscles with the patella are drawn downwards. This band is passed through the slit in the splint and a loop is made in it at that level, through which a bar similar to the one in the hollowed heel is passed, and then by stronger or weaker elastic bands, attached round the ends of the bars, greater or less traction on the muscles inserted into the patella can be made. The patient returned home by rail after this splint had been affixed some days and wore it for six weeks, after which the knee was put up in plaster-of-Paris for a fortnight. Passive motion and massage were then practised, the stiffness gradually wearing off, he being able in a week or two, wearing one of Dr. Fisher's flexible knee-caps, to walk about with the aid of a stick. Now at an interval of three years and a half he is able to use the leg freely, and says he has to think before he can remember which was the injured leg, the muscles having a firm point of fixation in the new tissue. The measurement between the lower border of the patella and the upper border of the tuberosity of the tibia is now one inch. The patient is subject to chronic albuminuria, but this has not affected the process of repair.

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MUMMIFICATION OF A FŒTUS IN THE UTERUS.

BY JAMES OLIVER, M.D., F.R.S. EDIN.

A WOMAN aged twenty-six and married eight years has had four children but no miscarriage. The last child was born twenty-seven months ago and was suckled for two years. After this confinement the menstrual discharge reappeared when the child was fifteen months old and it recurred regularly every month until March 24th. From this date until Aug. 15th there was complete amenorrhœa. On Aug. 15th she complained of pain in the lower abdomen and simultaneously she noted the existence of a slight hæmorrhagic discharge from the vagina. The pain, which was never severe, and the hæmorrhage, which was slight, continued for seven days. Between Aug. 22nd and Sept. 21st—the date on which the patient came under my observation—nothing worthy of note had occurred. On Sept. 21st the physical signs were as follows. Nothing was revealed by abdominal examination. Vaginally the cervix, which was not soft, was directed towards the left side of the pelvis. In front of the cervix and on the right side was felt a somewhat lobulated swelling about the size of a small cocoa-nut; this swelling was the body of the uterus. As I considered the history and physical signs to be in keeping with the existence of a mummified fœtus in the uterus the patient was admitted into hospital. On Oct. 21st patient again began to complain of pain and simultaneously there was observed a free discharge of blood from the vagina. On the following day an almost round mass was expelled. The longitudinal diameter of this mass was three inches and the transverse two inches and a half. The greater part of the mass was placental it was lobulated and fibrous looking. Through a thinned portion of the mass the fœtus enclosed in its own membrane was expelled. The cavity in which the fœtus had lain was lined by another distinct membrane.

Description of the fœtus.—It is five inches long and the head is disproportionately large. The eyelids are open, but no part of the eyeball can be distinguished. No definite hairs can be made out on the scalp. The mouth is large and open and the tongue protrudes slightly. The fingers and toes are distinct, but the presence of nails is doubtful. The umbilicus is at the lower end of the middle third of the linea alba. There is no remnant of the cord. The labia majora are distinct and the clitoris is comparatively large.

It is more than probable that this patient conceived soon after March 24th, that death of the fœtus occurred on or about Aug. 15th, and that the process of mummification extended from this date until Oct. 22nd, the date on which the contents of the uterus were expelled.

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TWO CASES OF STRANGULATED FEMORAL HERNIA WITH RECOVERY AFTER OPERATION.

BY CHESMAN BARKER, M.B., L.R.C.P. LOND., M.R.C.S.

THE following cases may be of interest to the readers of THE LANCET as showing the success which follows early treatment of strangulated femoral hernia by operation, even

though performed by surgeons unskilled in herniotomy, and without the manifest advantages pertaining to operations performed in hospital. That a femoral hernia when strangulated is a very much more serious affair than an inguinal hernia in the same condition is well known, but the comparative mortality is perhaps not appreciated at its proper ratio by the profession generally. The statistics of St. Bartholomew's Hospital for the year 1891, collected by Messrs. Bowlby and Lockwood, show that thirty-one operations for strangulated hernia were performed in that year, and that of these six were for inguinal and twenty-five were for femoral herniæ. Of the inguinal cases none died, giving for that year a mortality of 0 per cent. Of the femoral cases eleven died, giving a mortality of 44 per cent. It is probable that this greatly increased mortality is largely due to the fact that the intestine is damaged so rapidly in femoral hernia by the unyielding margins of the ring that the delay which generally takes place in conveying a patient to a hospital is sufficient to allow the intestine to be injured beyond recovery. That femoral hernia is not more dangerous than the inguinal variety, if operated upon in time, is probable, and in support of this statement I give below two cases of femoral herniæ in which operation within two hours of recognising the condition was followed by rapid recovery. In both cases the intestine was quite uninjured, being only a little congested; and it is highly probable that if time had been wasted in sending these patients to a hospital, or if one had had to send many miles for a surgeon, the intestine would have fallen into a condition rendering the operation one of difficulty and danger instead of the easy and successful measure it proved to be.

CASE 1.—On March 31st, 1892, I was called to see Mrs. H. W.—, aged thirty years, whom I found to be suffering from a strangulated right femoral hernia. The hernia had existed for several years, but she had never worn any truss. She had been in the habit of putting it back herself, but on March 28th it became painful and she was unable to reduce it. Next morning she was in considerable pain and was vomiting, and the bowels had not been moved. On the following day when I saw her she was in great pain and her tongue was dry and furred, and her expression was anxious. The hernia was tense and tender, was irreducible and had no impulse on cough. I therefore at once decided to operate, and, the patient being put under the A.C.E. mixture, a vertical incision was made over the swelling, and the sac being opened on a director showed that the contents consisted chiefly of omentum. A small incision of Gimbernat's ligament easily allowed of the reduction of the intestine; the omentum being firmly adherent along the outer side of the femoral canal was ligatured and cut off, as also the redundant portion of the sac after the neck had been sewn up with silk ligatures; the skin wound was united with silk sutures and an indiarubber drainage-tube inserted; the wound was dressed with boracic acid lint and absorbent wool, and fifteen minims of tincture of opium were ordered every four hours. On the second day after the operation her temperature rose to 99.2°, and this was its highest point during her illness; the wound healed in nearly its whole length by first intention, but a little suppuration at its lower corner delayed complete union until the end of a fortnight; the bowels were spontaneously opened at the end of nine days, and four weeks after the operation she was able to wear a truss and get about her daily work. I saw her a few weeks ago and then she was in perfect health and the hernia had not again come down.

CASE 2.—On April 26th, 1892, I was asked to see Mrs. B.—, aged seventy-three years, Dr. Owen Roberts, her medical attendant, having discovered the presence of a strangulated hernia. She only noticed the lump a fortnight ago, and on the 25th was seized with pain and vomiting, the bowels being constipated. In the right groin below Poupart's ligament was a small tense swelling, in which on coughing no impulse could be detected, and feeling as though it contained much fluid. The patient was also suffering from an almost continuous cough, the result of chronic bronchitis. Dr. Roberts having put the patient under the A.C.E. mixture taxis was tried; but the hernia not showing any tendency to go back I proceeded to operate and found, as I had suspected, that the sac contained much fluid. It contained omentum firmly adherent to the sac and a small knuckle of intestine of a deep claret colour. The subsequent steps of the operation were similar to those in the preceding case, the omentum being ligatured with silk ligatures and the neck of the sac sewn up with the same. Seven days after the operation the wound had healed by