an entire absence of symptoms beyond some pain during the last ten hours. I mention this case as an instance of the difficulty in diagnosis so often associated with insanity.

Colney Hatch.

THE EFFECT OF ERGOT ON THE INVOLUTION OF THE UTERUS DURING THE LYING-IN PERIOD.

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OBSTETRIC PHYSICIAN TO THE LONDON HOSPITAL &c.

IN the Transactions of the Obstetrical Society of London, vol. xxx., for 1888, will be found a paper by Dr. C. Owen Fowler and myself, in which observations are detailed pointing to this general conclusion: "That the administration of an ergot mixture during the first fortnight of the lying-in period appreciably increases the rapidity with which the diminution in size of the uterus goes on." This conclusion was reached by comparing the average rate of involution (a) in a number of cases, taken without selection, in which ergot was given, with (b) the average rate of involution in an equivalent number of cases, also taken without selection, in which ergot was not given. In the *Annales de Gynécologie*, vol. xxix., for 1888, p. 175, is published an investigation by Dr. Émile Blanc of Lyons, conducted in a very similar way, but which led him to the conclusion that "ergotine administered during the first five or ten days of the lying-in period exerts no favourable influence on uterine involution." Dr. Blanc's research was quoted at the time in several English journals. These two investigations seem to contradict one another. I desire to point out that they do not; but that, on the contrary, they confirm one another and show the real value of ergot in the lying-in period. The reason that Dr. Blanc's conclusion differs from that of Dr. Fowler and myself is this, that he chose the cases in which to test the effect of ergot. He took only cases of "normal delivery at full term, excluding premature labours, cases with febrile disturbance, and all cases needing any intervention" (p. 177). These cases excluded are just those in which the causes known to hinder involution are present. Dr. Fowler and I took cases without any selection, and therefore among ours were included cases in which the causes of subinvolution were present. Dr. Blanc's research shows that in a normal lying-in the uterus completes its involution as well without ergot as with it. The paper by Dr. Fowler and myself shows the beneficial effect of ergot in counteracting the causes which retard involution. Dr. Blanc's paper contains nothing in opposition to this view; on the contrary, he expressly says: "Against secondary hæmorrhage the drug maintains its position. Its action is the more efficacious the nearer the delivery." The practical conclusion is, that while in a perfectly normal lying-in ergot is not required, yet when any cause of imperfect involution is present, or suspected to be present, ergot given throughout the lying-in period will counteract its influence, will promote involution, and should be given.

Harley-street, W.

TWO CASES OF XANTHELASMA OF THE HAIRY SCALP IN INFANTS.

BY TOM ROBINSON, M.D. BRUX., L.R.C.P. LOND. &c.

CASE 1.—An infant sent to me by Dr. Currie on Oct. 26th. It is an only child fourteen months old. The father and mother are exempt from any skin disease, and are sound, healthy parents. The child was delivered by Dr. Currie with forceps, and the nurse (an unusually intelligent woman) says in the following morning she noticed a patch in the position of the present eruption, which looked as if it had been scratched by the blade of the forceps. This patch has never disappeared, and has become more obvious as time has elapsed. It varies a good deal in colour; sometimes it will "go a deep pink for some days, then it suddenly shades off and becomes paler." The child is a breast-fed infant, is plump and healthy looking, and has excellent health. On the right side of the skull, stretching from about the middle of the sagittal suture downwards and forwards, is a streak of raised tissue, with well-defined edges, slightly scaly on its surface, and with a few, very few, fine straggling

hairs scattered sparsely over the area. It feels like ordinary skin and becomes obviously paler when stretched.

CASE 2.—This child is four years old, and has a streak corresponding in colour and appearance to the one fully related, with the exception that the plaque is on the left side and runs almost parallel to the sagittal suture. In this instance the birth was a normal one and the child is perfectly healthy.

The two cases enumerated are, in my experience, unique in the occurrence of a well-marked xanthelasmic patch on the hairy part of the skull, and in being congenital. The malady, or the symptom which is seen on the eyelids, has received enlightenment from almost every dermatologist of this century. One other feature of the two cases was the distinct statement that the patches varied in colour. At this we cannot feel any amazement, because experience shows that the ordinary plaques of xanthelasma palpebrarum vary much in their colour, and it is well known that those who suffer from migraine often betray their condition by a dark stain below or around the orbit. Dr. Currie was quite prepared to accept the doctrine that, in his case, the wash-leather patch was caused by the blade of the forceps, and had I seen this instance only I should doubtless have accepted the same explanation, but my second case negatives this opinion.

Princes-street, W.

SEQUEL TO A CASE OF EXCISION OF THE ENTIRE GRACILIS FEMORIS MUSCLE FOR TUMOUR NEARLY FOUR YEARS AGO.

BY A. MARMADUKE SHEILD, M.B. CAMB., F.R.C.S. ENG.

THE history of this case and a description of the specimen are recorded in the Pathological Society's Transactions for 1890. The operation was performed in August, 1889, on account of a large pear-shaped tumour on the inner aspect of the right thigh. This was found to involve the gracilis muscle, and the tumour was removed by cutting the tendinous insertions of the muscle at the pelvis and knee. There were two small nodules in the lower part of the rectus femoris, and also in the cellular tissue over the adductors. The tumour was thought to be a sarcoma, syphilis having been excluded by treatment. The Morbid Growths Committee of the Pathological Society decided, however, that the tumour was a myxo-fibroma. It was noteworthy that the boy had webbed toes, as showing a tendency to congenital peculiarities. I showed this patient to some of the Fellows of the Medical Society on Monday, Nov. 7th. The boy is in excellent health, having grown and thriven well. There is an increase in the ill-defined, fibrous-feeling mass over the adductors, but the nodules in the rectus have quite gone. The loss of the muscle makes no difference to his progression, and he is a good athlete. The sequel of interesting cases is frequently as important as their early relation. Excision of muscles for tumours has generally been followed by rapid recurrence. As nearly four years have elapsed the strong presumption is that this growth is non-malignant, and the case forms an important, perhaps almost unique, exception to the general results of excision of tumours of muscle.

Stratford-place, W.

ROYAL COLLEGE OF SURGEONS, ENGLAND.—In addition to the list of names which we published in our issue of Nov. 5th (p. 1079) of those gentlemen who had been admitted Licentiates of the Royal College of Physicians, the following have been admitted Members of the Royal College of Surgeons: W. E. Alldridge, L.S.A.; H. M. Holt, L.S.A.; S. Y. Howell, M.D., New York; A. Lockhart, M.B., Kingston, Canada; J. F. Rudall, M.B., Melbourne; A. E. Syme L.S.A.; and S. E. A. Zichy-Woinarski, M.D., Melbourne.

MEDICAL MAGISTRATES.—Dr. Thomas Starkey Smith of Warrington; Dr. Richard Purnell of Wells, Somerset; Dr. Ptolemy Samuel Henry Colmer of Yeovil; Mr. Thomas Browne Anstie, M.R.C.S., of Devizes; Dr. Augustus Johnston of Ambleside; Dr. William Whitford of Liverpool; Mr. Joseph Kellett Smith, L.R.C.P. Edin., M.R.C.S., of Liverpool; and Dr. John Bligh of Liverpool have been added to the Commission of the Peace for the boroughs of Warrington, Wells, Yeovil, Devizes, Ambleside and the city of Liverpool respectively.