my wife assisted in dressing a lady for a marriage who had but just recovered from her monthly periods. In nine months thereafter this lady gave birth to a daughter. In my forty years' practice I have met with several instances which, though perhaps not as clearly distinct as those given, still seemed to point so directly to the idea that a conception occurring just previous to the menstrual period would result in a son, and if just after, a daughter, that I have for many years made my prognosis of the sex of the forthcoming child upon the relation that the hour of conception bore to the normal period, with almost unerring certainty when we could depend upon the facts."

Again, in the *New York Medical Record* for Aug. 12th, 1893, a note is thus given:—"The Determination of Sex.—Dr. A. C. Carney of Dayton, O., sends the following as a contribution to the discussion upon the causes which may determine the sex of the child: 'On March 1st, 1892, in an examination of a young woman, I learned that her menstrual flow had just ceased. The following day she was married, and on Dec. 4th, 1892, she was delivered of a female child.'"¹

Turning now to Dr. Kerr's memoranda I find that his notes give us the following particulars. I take his cases simply in the order of their occurrence, as the testimony in this sequence is all the more natural and striking:—

1. A woman gave birth to a daughter at the end of October, 1891. The child was the sixth, all girls. Careful inquiry elicited the fact that, so far as the patient could tell, impregnation always occurred "just after the cessation of a menstrual period." Dr. Kerr adds that the patient had no idea of the significance or purport of his inquiries, and that her statements were of an emphatic kind. 2. Three cases (date of letter Nov. 11th, 1891), all female children, and all impregnations post-menstrual. 3. On Nov. 29th, 1891, Mrs. — was delivered of a male child, well developed. Her age was thirty-one years. Last menstrual period Feb. 25th, 1891. Reckoning 280 days back from Nov. 29th, we get the date of impregnation as Feb. 22nd. On Feb. 25th she was menstruating, but sparsely. Admittedly this is a doubtful case. Dr. Kerr says that the dates at least are exact. 4. Mrs. —, aged twenty years. Menstruates every three weeks, regularly. Last menstrual period began March 16th, 1891; impregnation on March 30th, this being the borderland of the next menstruation due. The date was easily fixed because she was then unmarried. The child was a male. 5. Mrs. —, aged forty years. Menstruated March 9th, 1891; impregnated a few days thereafter. Child, female, delivered Dec. 11th, 1891. 6. Mrs. —, aged thirty-two years. Last menstruation in the last week of April, 1891; impregnated just after menstruation ceased. Delivered of a female child, Feb. 1st, 1892. 7. Mrs. —, aged thirty-nine years. Impregnated a few days before June 17th, 1891; next menstrual period should have begun on that date. Delivered of a male child, Feb. 21st, 1892. 8. Mrs. —, aged twenty-four; reckoned from the beginning of June, 1891, and is positive impregnation took place then just before the menstrual period; result, a male birth on Feb. 23th, 1892. 9. Mrs. —, aged thirty-four years. Last menstrual period began May 17th, 1891. Impregnation in first week of June following, before the succeeding period; birth, a male child, March 19th, 1892. 10. Mrs. —, aged twenty-two years; last menstruation June 18th, 1891; impregnation, June, 20th; delivered of a female child March 19th, 1891. 11. Mrs. —, aged twenty-eight years; last menstruation July 23rd, 1891; impregnation a few days thereafter; birth, a female (premature), March 20th, 1892. 12. Mrs. —, aged twenty-four years. Slight menstrual discharge in first week of June, 1891; impregnation took place on the previous day; delivered of a male child, April 2nd, 1891. 13. Mrs. —, aged forty-two years; last menstruation in first week of July, 1891; impregnated in August, 1891, just before the next period; delivered of a full term male child April 26th, 1892. 14. Mrs. — aged twenty-six years; last menstrual period, Aug. 12th, 1891; impregnation about Sept. 7th; delivered of a male child May 15th, 1892. 15. Mrs. —, aged thirty-two years; last menstruation "middle of August," 1891; impregnated about the second week in September (exact date not known but obviously before the next period): result, a male child, born May 18th, 1892. 16. Mrs. —, aged twenty-two years; last menstruation Aug. 12th, 1891; impregnated Sept. 3rd; delivered of a male child May 25th, 1892. 17. Mrs. —, aged thirty years; last menstrual

period should have been about April 12th, 1891; impregnated April 10th; delivered Jan. 2nd, 1892; child, male. 18. Mrs. —, aged thirty-seven years; last menstruation ended March 30th, 1891; impregnated immediately thereafter; delivered Jan. 5th, 1892; child, female.

I make no comment on these cases. Some of them may not be beyond criticism; others, and I think the bulk, seem to prove the accuracy of my theory. To Dr. Kerr I owe a large meed of gratitude for his untiring energy in tracing out the history of the cases recorded. I commend his example to other practitioners interested in solving a question not without obvious social importance. What the cases establish is at least a very fair presumption, to put it mildly, that premenstrual impregnation will produce a male birth, and *vice versa*. We have reached that stage in the investigation when, it seems to me, clinical observation alone must be depended upon for the rejection or overthrow of the views I have promulgated.

Edinburgh.

MILD INFLUENZA; CARDIAC THROMBOSIS; SUDDEN FATAL SYNCOPE.

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THE following case is of such interest that it needs no apology of mine for claiming for it a place in the columns of THE LANCET.

A woman thirty-one years of age, whose previous medical history, with the exception of an attack of hysterical mental instability some thirteen years ago and the practice of habitual tight-lacing, had been otherwise good, was taken ill with catarrhal symptoms on Nov. 18th of this year. When seen on the 19th she had some slight febrile disturbance, the temperature being under 100° F., pains in the back and limbs, some nausea, and a febrile tongue, with considerable nasal and bronchial catarrh. There were no lung complications; the heart sounds were fairly healthy, there being no evidence of valvular disease, but the first sound was suggestive of a hæmic murmur. She was ordered to remain in bed till the next day, when she was found to be considerably better and was allowed to get up and have tea in her room. Permission was given for her to rise in time for luncheon on the 21st, and at my visit on Nov. 22nd she was downstairs. Her condition then was one of steady improvement. Her tongue had cleaned, the papillæ being left unusually pronounced and denuded and somewhat sore. She was ordered to remain within doors, to go to bed early, to get up late and to exercise prudence and care. On the 23rd she was foolish enough to stay up till 1 A.M. of the 24th, and at my visit on that day I found her to be not so well, the papillæ on the tongue having become somewhat ulcerated. There were then no clinical symptoms of heart failure, though the pulse was weak. This I attributed to a want of sufficient nourishment, consequent on the soreness of her tongue, and to the influenzal condition. On Sunday, the 25th, a messenger reported at my house that she was in bed suffering from acute pains in her back between the shoulders, which nothing could relieve, and that she was very sick and appeared to be much more ill. Her symptoms being urgent, Dr. Stokes, who lived close to the patient's house, was very properly sent for, but before he could render any service at all she had passed away. A post-mortem examination was made on the following day. The chest and abdomen only were examined. The stomach and intestines were found to be empty, but with no lesion, the former organ containing only a little glairy mucus. The kidneys were large but healthy. The spleen was large but easily friable. The liver was large and healthy, being in no way carnified; in fact, its only deviation from the normal was due to a portion of its right lobe being almost separated by persistent tight lacing. The lungs were healthy, no signs of pneumonia or bronchitis being present. The heart, which was certainly above the average in size, had failed in diastole. The pericardium was quite healthy, there being no adhesions. On opening the right cavities of the heart an ante-mortem clot was found extending from the meshes of the furthest corner of the right auricular appendix into the right ventricle, and firmly adherent to the wall of the auricle. The valves of the auriculo-ventricular orifices appeared to be firmer than usual, but there was no organic

¹ Vide also *New York Medical Record*, Dec. 2nd, 1893.

lesion. On opening the left ventricle there appeared to be a plaque between the pillars of the columnæ carneæ, as if the ante-mortem clot which was found occupying the aortic orifice had originated at the heart's apex. The aortic and pulmonary valves were otherwise quite healthy. The thrombus occupying the aorta rested in the valvular orifice, and both it and that occupying the right cavities of the heart fulfilled the pathological conditions of typical ante-mortem coagula. The heart muscle appeared to be quite good. There was no apparent anæmia.

I place this case on record without comment, as there is much food for thought in it. I cannot conclude without acknowledging the valued services of my colleague, Dr. Harris, who assisted me at the post-mortem examination, and of the counsel derived from Dr. Stokes' ripe experience. I have to thank him, too, for his courteous, though unavailing, attendance in my patient's emergency.

Stamford-hill, N.

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.

MIDDLESEX HOSPITAL.

TWO CASES ILLUSTRATING THE MORE SERIOUS COMPLICATIONS OF DENTAL CARIES.

(Under the care of Mr. GEORGE LAWSON.)

THESE cases serve to illustrate two of the most severe complications of neglected dental caries. In the first the amount of the necrosis was unusually extensive and involved the removal of a considerable sequestrum. In the second case the complication of cellulitis of the neck was a much more serious one, and the risks run, as proved by the ending of the case, were much more grave. In fact, whatever the cause of the suppuration, the condition is one which calls for most active surgical treatment.

CASE 1. *Dental caries; necrosis of lower jaw; suppurative arthritis of temporo-maxillary articulation; partial excision of jaw.*—A woman aged fifty-two was admitted into the hospital on Nov. 8th, 1892, complaining of fixity of the jaw and swelling of the left side of the face. The patient stated that twelve months before admission "lumps" appeared at the angle of the jaw and left side of the face, and at the same time she began to experience difficulty in opening her mouth; this had been gradually getting worse. The swelling of the face had been opened in three places, and a considerable quantity of matter had been let out. The patient was unable to open her mouth for more than a quarter of an inch, and she only did this with difficulty. The second and third left lower molars were found to be carious. There were several sinuses round the angle of the jaw and left side of the face and neck. One of these, directly beneath the zygoma, was found to lead down to bare bone. Another sinus was situated about half an inch behind the ramus, and there were two or three more about the angle of the jaw. On Nov. 13th the patient was anæsthetised and the jaw was wedged open; at the same time the last two lower molars were extracted. As the patient was still unable to open her mouth to any extent, she was again anæsthetised on the 30th. A vertical incision was made from just below the zygoma over the ramus nearly as far as the angle, and from the upper end of this incision another passed horizontally forwards just below and parallel with the zygoma. The temporo-maxillary joint was found to be suppurating, and the inferior maxillary bone as far forwards as the inferior dental canal to be necrosed. The bone was disarticulated, the necrosed bone was removed in three pieces, and the glenoid cavity was scraped. The wound at first suppurated freely, but the patient was discharged on Jan. 13th, 1893.

CASE 2. *Dental caries; alveolar abscess; angina Ludovici; septic pneumonia; death.*—A rather weakly looking man

was admitted into the Middlesex Hospital on April 13th, 1892, with a large tender swelling beneath the jaw. The patient gave a history of having felt strong and healthy until two months previously to his admission, when he began to feel "out of sorts." On April 1st he had pain in the first right lower bicuspid tooth, with some swelling beneath the jaw. He obtained some relief from a mixture obtained from a chemist, but the swelling in the neck did not subside, and on the 10th he had the tooth extracted at a hospital. The patient became weak and ill, and the swelling became more painful. He had a shivering fit on the 12th and on the following day was admitted into the Middlesex Hospital. On admission a red, tense, tender swelling was found extending beneath the whole length of the lower jaw and reaching backwards to the angle on either side. The skin over the tumour was brawny, and fluctuation could be obtained. The breath was very offensive, and on pressing over the swelling fetid pus escaped from the socket of the first right lower bicuspid. The temperature was 102° F., the pulse 120, and the respiration 36. The patient was at once anæsthetised, an incision an inch in length was made in the middle line, and an abscess cavity was opened about one inch below the surface. About an ounce and a half of fetid, brownish-coloured pus escaped. The wound was irrigated with perchloride of mercury, and fomentations were applied. After the operation the patient appeared to be easier, but the temperature and pulse remained the same. On the 14th he complained of pain behind the manubrium sterni. The pulse became irregular in volume and rhythm, and a few crepitations were heard over both chests. The wound was thoroughly irrigated, and three ounces of brandy were ordered. Later the cough became rather troublesome, and the amount of brandy was doubled. During the next two days the patient became very prostrated, and the pulse was weaker, but more regular. There was some dyspnoea, but no cyanosis. He could not lie down or sleep for more than a few minutes together. His appetite remained good. On the 17th the pulse became very weak, and dyspnoea was more marked, but no cyanosis was present; the apex of the heart beat lay in the fifth interspace, half an inch outside the nipple line. No friction was heard over the cardiac area; the pain behind the sternum became more marked; slight friction could be heard on the right side, and crepitation was just audible over both lungs. The expectoration was more viscid and blood-stained. Half an ounce of brandy was given every hour. On the following day the pulse became weaker, but rather more regular; the patient became delirious, and his breathing difficult and noisy. He sank and died on April 20th, 1892.

Medical Societies.

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY.

Exceptional Case of Congenital Heart Disease.—Early Stage of Chronic Muscular Atrophy simulating Peripheral Neuritis.—Case of Recurring Gangrene of the Leg allied to Raynaud's Disease.

At a meeting of this society held on Dec. 14th, Dr. HENTY being in the chair, Dr. W. A. MALCOLM brought forward a man aged thirty-two, the subject of Congenital Heart Disease. Dr. Malcolm said that the patient had been under his observation for many years and had shown signs all his life of this malady. Cyanosis and enlargement of the superficial venous capillaries were very obvious. There was, in addition, marked bulbous enlargement of the tips of the fingers. The patient on one or two occasions had had profuse hæmoptysis from pulmonary congestion. Notwithstanding these signs, on examining the heart there was marked absence of the symptoms associated with the usual forms of congenital cardiac lesions. At the time the case was shown, beyond slight deficiency in the second sound over the region of the pulmonary artery and evidence of some cardiac hypertrophy, very little that was abnormal could be detected. In spite of the absence of definite physical signs Dr. Malcolm concluded that the lesion was probably a stenosis of the pulmonary orifice with compensatory failure in closure of the septum ventriculorum or the foramen ovale, or both of these orifices.