CLOVEN FEET AND HANDS.

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THE accompanying pictures illustrate what I believe to be a rare congenital malformation, and they may therefore be of interest. The subject was a Chinaman, aged 26, who was sent to us at the Civil Hospital, Hong-Kong, as a curiosity. Except for his hands and feet he was normal in all ways,

FIG. 1.

Reproduction of skiagram of right hand; the skiagram of the left hand showed similar deformity.

FIG. 2.

Reproduction of photograph of feet, the hooked halluces being very marked.

and, indeed, a good specimen of his class. No family history as to similar or other deformities could be obtained. He was able to use his chopsticks between his fingers in a most dexterous manner.

Hong-Kong.

THE TREATMENT OF BASIC MENINGITIS BY THE INUNCTION OF IODOFORM OINTMENT.

BY HAROLD MOWAT, M.D. EDIN.

I WAS interested in reading up the subject of meningitis to find a reference in THE LANCET of Sept. 30th, 1905, by Mr. H. C. Wilson to the value of inunction of iodoform ointment into the neck in a case of tubercular meningitis. The writer claimed that he had treated a case of this deadly disease successfully by this means, and, while admitting that

the diagnosis of "tubercular" might possibly be incorrect, stated that all the symptoms of the case pointed to such an origin. It occurred to me that it would be useful to try the inunction in cases of ordinary basic meningitis of the toxæmic variety, as our ordinary remedies have never proved very efficacious, the mortality from the disease being extremely high. Within the last few months I have been successful in two cases, and believe that the satisfactory results were largely due to the inunction.

The first case was that of a boy, aged 9 years, who contracted measles. When the rash had disappeared a temperature of 103° F. remained, and the boy complained of severe frontal headache and stiffness of the neck. His neighbours were kept awake during the night by his shrieks, which were of the typical meningeal type. These passed off in two days and were replaced by constant moaning. He took no notice of his surroundings, except when sharply spoken to, when he replied to questions in a dazed fashion. He was very sick. *Tache cérébrale* was well marked, the muscles of the neck were rigid, while Kernig's sign was also present. As soon as I was told of the screaming I suspected the onset of meningitis and made up an ointment containing 15 grains of iodoform to the ounce of vaseline, which I instructed the parents to rub thoroughly into the back of his neck and posterior part of his scalp night and morning. I also gave him small doses of potassium iodide and bromide. Within the week his symptoms were greatly relieved and his temperature had fallen. Since then he has been in perfectly normal health.

The second case was that of a girl 3 years old, whom I treated quite recently. She was taken ill with severe diarrhoea and vomiting, attributable to the eating of a sausage on the previous day. Under treatment the diarrhoea soon disappeared but the sickness continued. She uttered the meningeal cry and afterwards moaned. She took no notice of anyone except when she was spoken to. Her temperature rose to 102° F. Her tongue was clean. *Tache cérébrale* was present. Kernig's sign was apparent on the fourth day. She squinted and showed marked extensor reflex of the big toes. On the sixth day she sank into a comatose state. I treated her in the same manner as the former case, but when the state of coma was reached I was compelled to tell her parents that I considered the case hopeless. On the eighth day she woke as from a natural sleep, spoke to her parents, and showed every sign of recovery. Since then she has had no relapse. Although I told her mother to apply the iodoform ointment twice a day she afterwards informed me that she had done so four times within each 24 hours.

Personally I have now a good deal of confidence in this method of treatment, and believe if it were more largely used our mortality from meningitis would be lessened.

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A CASE OF FISTULA OF THE LACRYMAL SAC.

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THE accompanying illustration shows a unilateral fistulous opening whereby the right lacrymal sac communicates with the exterior by a channel other than those afforded by the canaliculi and the naso-lacrymal canal.

The patient is a married woman, aged 26 years, who was sent to the ophthalmic department as a case of lacrymal obstruction. Mr. H. J. May examined her. He was unable to squeeze any mucus or pus from the sac through either punctum and asked me to confirm this by syringing the canaliculi. This I did and noticed that the fluid issued as a jet from the region of the lacrymal sac. At first I thought this was due to the presence of obstruction causing the fluid to return through the upper punctum. But on closer examination I found a minute opening in the skin over the lacrymal sac, skirted by a semilunar fold and admitting the point of a Nettleship's caraculus dilator. A piece of