Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF MOLLUSCUM CONTAGIOSUM CURED BY X RAYS.¹

BY LIDBROOKE FRANK COPE, L.S.A.,
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THE patient, a Krooman, was admitted to the Royal Naval Hospital, Simon's Town, with a group of little tumours situated just above the right elbow-joint. (Fig. 1.) Each tumour contained a soft central core from which there was an exudation consisting of serum, a few erythrocytes and cocci, together with the typical hard oval "molluscum bodies." In the occipital region he had a small hard tumour of the keloid type. The history was indefinite, the only information the patient could give being that he had noticed the place on his arm "for some time."

Treatment in the first instance consisted of fomentations with 20-grain doses of potassium iodide thrice daily, without any improvement whatever. After 10 days of this treatment it was decided to try the effect of X rays. The affected part was accordingly exposed to X rays for 10 minutes every other day. The condition at once began to improve, and at the end of the twelfth sitting had completely healed. The second photograph (Fig. 2) was taken 15 months later, and gives satisfactory evidence that the cure is permanent.

The chief points of interest in the case lie in the fact that in the pigmented skin of the negro it is not easy to see zones of inflammation, &c., such as give characteristic appearances to skin lesions in Europeans, and the rapidity with which the condition healed with X rays—a result quite in accord with those obtained by Norman Walker² and other dermatologists.

A DOUBLE MONSTER.

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AT my request the following account of a double monster has been written by Mr. J. R. Mackenzie-Jones, I.M.S.

A Telin of village Fularia, P. S. Mirganj, gave birth to a double monster on April 9th, 1914. It was born alive and lived for three days, dying on April 12th.

A post-mortem examination was made on April 13th, when the creature was found to consist of twin foetuses, united by their trunks and having two heads well covered with hair, four arms, and three legs, two in the front and one at the back with seven toes. The sex was female. There was one anus, near the leg at the back. (See Figs. 1 and 2.)

On opening the body the following were found and noted. Stomach, one and common; liver, common and obliquely extended from right to left; spleen, two; kidneys, two; bladder, one; intestines, common; sex (female), common; hearts, two; aorta, common; and lungs, four.

Medical Societies.

ROYAL SOCIETY OF MEDICINE.

SECTION FOR THE STUDY OF DISEASE IN CHILDREN.

Localising Brain Symptoms as Early Events in Tuberculous Meningitis.—Demonstration of Cases and Specimens.

A MEETING of this section was held on May 28th, Mr. T. H. KELLOCK, the President, being in the chair.

Dr. C. O. HAWTHORNE read a short paper on *Localising Brain Symptoms (Hemiplegia and Hemispasm) as early Events in Tuberculous Meningitis*.

Dr. HAWTHORNE also showed a case of Hemiplegia in a girl aged 10 years, with sudden onset but without convulsions, and no evidence of visceral disease. There was a history of good health prior to April 4th. On that day the mother left the child sitting on a chair by the fireside, and when she returned shortly afterwards found her lying on the floor paralysed on the right side and unable to speak plainly. She did not observe anything in the nature of a fit or convulsion. When admitted to the hospital on April 8th the girl had right hemiplegia, was unable to talk plainly, and had a temperature of 103° F. Examination otherwise negative, and cerebro-spinal fluid apparently normal. The temperature fell to normal the next day, and the paralytic condition soon began to improve.

Dr. ERIC PRITCHARD exhibited the following cases:—
1. A case of Cystic Lymphangioma in an infant, which he had shown to the section on Jan. 23rd, 1914, as one of persistent "caput succedaneum." Subsequent events proved that this view of its pathology was incorrect, and that the tumour was probably a congenital cystic hygroma or lymphangioma in an unusual situation. At the time the diagnosis was obscured by the fact that the tumour was the presenting part (left shoulder presentation) and that the contents of the cyst, which were drawn off by hypodermic needle, consisted of a blood-stained fluid like blood serum. The tumour had continued to increase in size *pari passu* with the growth of the infant.
2. A case of Polio-encephalomyelitis. The patient, a healthy boy aged 7 years, developed a squint and double vision on April 27th. He was brought to hospital on May 3rd, when he was examined, but no other lesion could be discovered. On May 8th the parents noticed weakness in the right arm and dragging of the right leg. On the 10th he was brought again to the hospital, and then complete palsy of the sixth left nerve was discovered. No nystagmus; discs normal; partial paralysis of the right twelfth nerve. Shoulder girdle: Some weakness of the right side. Arms: No wasting of arm and hand muscles, temperature of both the same; weakness of right arm and hand; grip poor on the right; the right thumb and fifth finger could be opposed only with difficulty; jerks +, more so on left side. Abdomen: Reflexes on left side active, absent in upper half on the right side; no wasting. Legs: No wasting; the right leg and foot colder than the left; weakness of muscles; knee-jerks active on the right, exaggerated on the left; no ankle clonus; ? extensor response on right, flexor on left. On the 14th the boy was admitted to hospital. New lesions were found to be present. Seventh nerve palsy (incomplete type) on the right side; eighth nerve affected; partial deafness; taste normal. Arms: No wasting; grip on the right side weaker than the left; jerks exaggerated on the right, active on the left; total inability to oppose thumb and fifth finger; marked dysidiadokokinesis on the right side. Abdomen: Reflexes absent on the right side. Legs: Weakness greater on the right side; the right colder than the left; knee-jerks, clonus on the right, exaggerated on the left; no ankle clonus; Babinski's sign on the right side, flexor response on the left. No spasticity. Incoördination in walking. No Rombergism. Sensation to light and painful touch on right leg and foot slightly diminished, otherwise normal.

Dr. H. THURSFIELD showed a child with Contraction of Limbs—a case for diagnosis. The child was aged 8 months, with asymmetry of head and chest. The thumbs were flexed into the palms of the hands, and the legs were flexed at the knee-joints and could not be fully extended. There was

¹ Published by permission of the Medical Director-General of the Navy.
² Medical Annual, 1906, et seq.