while he was writing that there was a jerking movement about his right shoulder. On his visit to me the muscles of the right shoulder were in a constant state of movement quite independent of the will. The flexors of the fingers were also in frequent action. He is unable to put his right hand to the top of his head, to button his coat, to write, or to feed himself with his right hand. Shoulder, arm, and hand are at rest only when lifting heavy weights, pushing forward a cart, or at manual labour requiring much effort. The movements are worse on Sunday, and are increased by rest. Heat and cold make no change. Movements are not altered by closing the eyes. The field of vision is normal. When standing, he keeps his hand on a chair to steady his arm. His family say this constant movement is present during sleep. The muscles round the shoulder, arm, and fore-arm are remarkably hypertrophied, and there is some lateral curvature of the spine. He walks with his hand a little behind him, the arm being stretched out.

For the last year the friends say that the jerky movements have increased. He never had hemiplegia, and the causation is obscure. It is not secondary to disease.

ART. XXI.—*Note on Perforating Ulcer of Septum Nasi and Vomer.* By H. S. PURDON, M.D.; Consulting Physician to the Belfast Hospital for Diseases of the Skin; also to the Consumption and Chest Hospital.

I HAVE met with several cases of ulceration of the septum nasi both in hospital and private practice, generally extending through the substance of the cartilage, or what is rarer, vomer. As a rule such cases occur in weakly constitutions, frequently connected with lupoid disease of the nose, or are of a syphilitic character. In the former case there may be only a deposit of a tubercular nature on the mucous membrane; however, the disease is often more extensive, involving the skin of the alæ nasi. One of the first symptoms is a congested condition of the mucous membrane covering the septum nasi or vomer, eventually ending in ulceration, which, as a rule, if not arrested, eats through either the septum, or, if higher up, the vomer. The perforation when healed leaves a little hole varying in extent from the size of a pin's head to that of a threepenny piece. Mr. T. Holmes

in his "Treatise on Surgery," referring to abscess of the septum, remarks—"If the septum is perforated by a small opening, and the unpleasant whistling sound distresses the patient, his condition may sometimes be relieved by making the opening larger."

As the disease is often of a syphilitic character, other cutaneous lesions will be observed, and that nearly always a papular syphilide, occurring about the mouth, nose, cheeks, or ears. The ulceration of the septum in such cases has a decided tendency to assume from the very first a circular or ovoid form, whilst the eruption on the skin is, as a rule, not extensive. In a few instances the skin of the face exhibits the *Roséole Papuleuse* of Bazin, which is often attended with a peculiar mode of desquamation described by von Zeissl, the uplifted epidermis peeling off in laminæ of the same size as the papule. Dr. Taylor (*American Journal of Syphilography and Dermatology*), has remarked that when a papular syphilide is developed on "portions of integument which joins mucous membranes, they constitute *Condylomata Lata*, and upon mucous membranes, the mucous patches. The lesion is the same in each case, and the difference of appearance is due to the varying structure of the membrane upon which they are developed." Something similar occurs in the case of the nasal mucous membrane as regards those of a syphilitic character. In the case of tuberculous ulcer, impairment of nutrition is evidently the cause. The observations of Cruveilhier prove the existence of tubercles in the substance of the various mucous membranes often noticed in the mouth, and found on the tonsils, palate, tongue, gums, and lips. Probably the view held by M. Gabler is correct—that engorgement of the glands takes place followed by inflammatory action. Two cases occur to me, as I write these "rough notes," in which ulceration of the septum nasi took place, both of a lupoid character—one especially interesting, as the cause of outbreak is likely correct. Miss D., aged twenty-four, some three years previously, nursed a favourite sister through a fatal illness due to phthisis. She frequently lent or gave her pocket handkerchief to her sister to expectorate into. On one occasion she suffered from an ordinary "cold in the head" followed by a slight

abrasion of the mucous membrane, and she attributed her disease to using the same handkerchief to "blow her nose with" on various occasions, after having been used by her consumptive sister.

As regards treatment, the application of a powerful caustic to the little ulcer and surrounding parts is necessary—probably required more than once. That eminent Dublin Physician and Dermatologist, the late Dr. J. M. Neligan, recommended for serpiginous ulcerated lupus, the application of the acetate of zinc, touching the affected parts with the solid salt. I have generally used the solution of the acid nitrate of mercury, followed by some soothing application such as an ointment of the nitrate of bismuth, formerly recommended by Dr. Pereira in ulceration of the septum nasi, but useless by itself, unless the caustic is freely used in the first instance. Of course cod-liver oil combined with the syrup of the lacto-phosphate of lime, nourishing food, &c., must not be omitted. For the syphilitic variety, Ricord's pills of the green iodide of mercury have proved useful.

ART. XXII.—*An Interesting Case of Ruptured Tubal Pregnancy, with Hæmatosalpinx of the Opposite Side.*^a By ALFRED J. SMITH, M.B., M.A.O.; R.U.I., Gynæcologist to St. Vincent's Hospital.

I MUST ask your indulgence while I read for you notes of an interesting case of ruptured tubal pregnancy:—A Mrs. W., aged thirty-three, married eleven years, had four children, the youngest aged two and a half years; she nursed all her children, and weaned her last child when it was one year and five months old. Her menstruation returned one month after she ceased to nurse, and came on regularly every month, duration six or seven days, the amount being heavier than before her last pregnancy; she suffered no pain.

The change, which began on December 17th, 1895, was ushered in by a severe pain referred to the bottom of the

^a Read before the Section of Obstetrics, in the Royal Academy of Medicine in Ireland, on Friday, March 6, 1896.