

plum stones, and three cherry stones. The button was coated with faeces and the tube was blocked by a cherry stone. On the 11th the patient was quite convalescent. He was allowed to get up and take fish and chicken.

Remarks.—The above case is in itself a very interesting one, but its importance principally consists as a record of the successful use of Murphy's button. The great objection to all intestinal resection is the length of time spent in securely suturing the ends of the gut. I was surprised at the facility with which the operation was performed. I was only familiar with the use of the button from the description I had read; and yet I found the reunion of the gut a very easy process. The adaptation of the serous surfaces was so perfect that it was with entire confidence that I returned the bowel into the abdominal cavity. Another point worthy of notice is this: the disparity in the circumference of the bowel above and below the stricture was so great that by the ordinary method of suture very considerable difficulty would have been experienced; but with the button all trouble of this kind was removed.

The Crescent, Plymouth.

YAWS IN BORNEO, NOT CONNECTED WITH SYPHILIS.

BY SURGEON-CAPTAIN F. SMITH, A.M.S.

HAVING recently met with cases of frambœsia in North Borneo which are not mentioned by some of the latest writers on the geographical distribution of the disease, it appeared to me desirable to report them, especially as they seem to throw some light on the question of the relation of yaws to syphilis. While travelling on foot through the jungle I came across a hut belonging to a man of the Dusun tribe. This house stands alone, miles from any other habitation, and the inhabitants have so little intercourse with coast people that they were quite alarmed when told that it was proposed to make a road which would pass their dwelling. The head of the house said, "In that case we must seek a home further away in the woods." The family consisted of father, mother, five children (one at the breast) and a son-in-law. Children Nos. 3 and 4 presented a shocking appearance. At first sight they certainly looked as if they were suffering from severe constitutional syphilis of an uncommon type, but a closer inspection quickly dispelled the idea. My companion, who has lived long in the country and is not a medical man, informed me that the disease was known to him as soft cancer. The best description I can give of the sores is that they were exactly like enormous condylomata, some of them with ulcerating surfaces, others more or less scabbed. A few tubercles had broken down and left ulcers. On one child (eight years of age) the face and neck were affected, and, more sparsely, the arms and legs. The other child (five years of age) was covered with tubercles, more particularly about the genitals and buttocks, where some of them were as big as walnuts and presented a mass of such density that the skin was hidden and the vulvar opening, the gluteal folds, and cleft between the buttocks could not be made out. The mouth was so surrounded that the child ate with difficulty. This condition of affairs was aggravated by the filthy condition in which the sufferers were kept. The next in age, a boy, was said to have recently had the disease, but was a healthy-looking, robust lad when we saw him. He bore scars around the mouth and on various parts of the body. The eldest daughter and the youngest were healthy, as were the father, mother, and son-in-law. The parents were not much concerned about the sickness; they said it was a common disease and would get well of itself, and the children be as strong as their brother who had got over it. I had no opportunity of seeing them again. The Dusuns are familiar with yaws, but syphilis is practically unknown among them. In this instance the father and mother were in good health and there were healthy children older and younger than those affected. Both the father and mother stated that there had been no miscarriages; all the children were alive at the time we visited the place, and they show a regular sequence in point of age (two, five, eight, eleven, and fourteen years). Lactation is prolonged among these people. There were no signs of syphilis to be found in the eyes or teeth of any of the family. The diseased children had no sores inside the mouth or on the hairy scalp, and

no evidence of bone affections or periostitis—nothing but the eruption. It is not likely that syphilis would present exactly the same appearances in three children, and in two of them at one time. Syphilis severe enough to have produced such a condition as was present in these cases would have caused serious constitutional disturbance, but the two Dusun children sprang up when we approached; they took a lively interest in us and in some biscuits which we gave them, and they moved about briskly, though their gait was interfered with by their sores. The Dusuns have no idea of the cause of yaws, but they know it to be contagious. These cases do not absolutely prove anything, but I think they may help to elucidate matters. I am sure that no unbiassed person who saw this family as I did could doubt that yaws and syphilis are totally distinct diseases. I have not met with the disease in Malaya—that is, British Malaya—but should imagine that cases will be found in the interior, inasmuch as the disease is said to be prevalent in the neighbouring Dutch possessions, as Java, Sumatra, &c.

Singapore, Malaya.

Clinical Notes: MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

CURIOUS FETAL DEFORMITY.

BY L. E. STEVENSON, M.B., B.C. CANTAB.

ON Oct. 11th of this year I was called to attend a woman, aged twenty-six, multipara. The previous labours, four in number, had been normal. The patient's abdomen was of unusual size, and I found a large bag of membranes protruding through the os during the pains. This I ruptured, and an enormous quantity of liquor amnii flowed away. I could feel the head presenting very high up. There was long delay at the brim, and when the os was sufficiently dilated I applied the forceps, but they slipped off twice. After waiting an hour the head advanced and was then discovered to be hydrocephalic. I at length succeeded in extracting the fœtus with the forceps without perforating the head. The fœtus was a male and only lived three or four minutes. On further examination later I found the vertebral column so bent and twisted on itself that the anal aperture, though in the median line, was only two inches distant from the base of the skull posteriorly, the pelvis being so tilted that the legs appeared to be growing from the child's back. The umbilical insertion of the cord was greatly dilated, measuring an inch by an inch and a half, there being a corresponding deficiency of the abdominal wall. The anterior parts of the neck were filled in, almost to the level of the chin, by fatty subcutaneous tissue. All the limbs were normal, with the exception of the right leg, the foot of which showed well-marked congenital talipes varus.

Temple Sowerby, Penrith.

CASE OF CONGENITAL HYDRONEPHROSIS TREATED SUCCESSFULLY BY A NOVEL METHOD.

BY W. ARBUTHNOT LANE, M.S. LOND., F.R.C.S. ENG.,
ASSISTANT SURGEON TO GUY'S HOSPITAL AND TO THE HOSPITAL FOR
SICK CHILDREN, GREAT ORMOND-STREET.

A BOY fourteen years old, small for his age, being about 4 ft. 6 in. in height, was first attacked by hydronephrosis on the left side in 1885. There was considerable distension of the abdomen, the tumour subsiding spontaneously at the end of four or five weeks. After this he had four or five attacks, each lasting about three or four weeks and then disappearing suddenly. In September, 1893, as he was very much distended, he was tapped by Dr. Freeman of Kimpton, and eighty-four ounces of fluid were drawn off. This quantity did not represent the whole of the fluid contents of the tumour. The abdomen being again enormously distended, on October 11th, 1893, he was tapped by Mr. Bernard Scott of Bournemouth, who drew off two gallons of fluid. Before he was tapped his abdomen measured