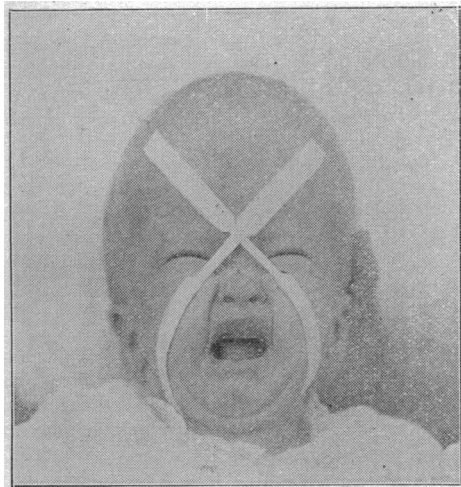


ing vigorously, she can cause no pull on the upper lip. The tension device is entirely distinct from the wound dressing proper, is constant in its action and one application usually suffices for the entire period of wound healing. The nutrition of the lip is not interfered with from pressure. The wound is always accessible for observation, dressing or cleaning. A separate dressing may be applied to the wound, although my own preference has always been to leave it entirely uncovered and to



New method of dressing after hare-lip operation to secure cleanliness and to prevent tension.

have the nurse keep it clean and prevent the child from rubbing his fists into it.

If desirable, breast feeding may begin at once, although feeding with a medicine dropper causes less disturbance to the wound. Tension is so completely prevented that there is almost never any wound reaction. The eyes are partially closed, but the device allows ample space to keep them clean.

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AN INTERESTING CASE OF ACRANIUS.

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While cases of this nature are not exceedingly rare, I am induced to report this one on account of the number of days that the child lived and the reflex phenomena observed during the child's life.

Parental History.—The father is white, a native of Indiana, aged 28, a junkman, apparently strong and healthy. He uses alcohol and tobacco in moderation. Eight years ago he had a very aggravated attack of gonorrhea, attended with sores on the penis (another physician informs me he later displayed evidences of syphilis, for which he treated him). The mother is a native of Indiana, aged 27, strong and robust, and gives no history of any serious illness. She has previously given birth to two children, both living. One, 5 years old, is an imbecile, with an inferior paraplegia, due to poliomyelitis anterior at fifteen months. The second child is healthy and bright.

History of Present Case.—On the morning of September 6 I was called to attend Mrs. B. in her third confinement. The course of her pregnancy had been uneventful, save that at about the seventh month she had slipped and fallen across a water bucket. This accident caused her pain for a few hours, but caused no manifestation of serious injury. On arriving at the house I found that the head had been born, and soon the delivery of the child and placenta was normally completed.

Description of Child.—The child, a boy, was perfectly formed in body, weighing $7\frac{1}{2}$ pounds. The spine was perfectly de-

veloped, as were the neck and lower part of the face. The top of the head, from the supraorbital ridge following backward, from about one to two centimeters (.4 to .8 in.) above the hair line was wanting. The edges of the bones were inverted, and the center of the space, about 5 by 7 centimeters (2 by 3 inches) was occupied by a highly vascularized membrane. The eyes, large and bulging, were placed at an angle with the plane of the face, giving the typical "frog-head" appearance. The baby breathed immediately and its heart action was normal, but it did not cry. However, when being washed and dressed it kicked lustily, and gave a peculiar sort of moan. All of this ceased when it was laid down, but as soon as it was touched or handled it would move and moan vigorously. We tried putting it to the breast at the usual time, for the mother had plenty of milk, but it could not nurse. This was tried several times, but unsuccessfully. Then we tried feeding mother's milk with a spoon, but could only get down one or two spoonfuls out of many. This I attribute to the lack of ability to coördinate the muscles of the cheeks and throat. We managed, however, to keep it alive for eight days.

Its good respiration and heart action, and movements of hands and feet show that the medulla must have been present, even though movements occurred only after stimulation and were apparently purely reflex. The absence of a well-defined cry, and the inability to nurse show the want of any centers of coördination. The accident during pregnancy could have no bearing on the etiology of the case, as the malformation must have dated to the first month of fetal life, when the brain segments were in process of formation. May the luetic taint of the father be held responsible as a factor in the etiology?

I can find no case in the literature exactly similar to this, as these cases are usually accompanied by some other malformation, such as spina bifida, cleft palate, harelip, etc. Neither can I find any record of such a child living so long as eight days.

AINHUM.

JAMES A. ROLLS, M.D.
WATROUS, N. M.

In June of the present year I treated the following case of ainhum which I think sufficiently unusual to be worthy of record:

Patient.—J. L., colored, aged 38, day laborer, father and mother both Africans, came complaining of a painful toe.

Examination.—Examination revealed a thickened ring of epithelium which encircled the base of the fifth toe of the left foot. Removal of the superficial epithelial debris showed that this ring had decidedly encroached on the tissues of the toe, the distal part of which was somewhat enlarged and globular, while the base looked as if a ligature were very tightly applied. After a day's rest the pain entirely disappeared, showing, as is usual in these cases, that it was due entirely to traumatism, to which the unwieldy toe easily lends itself.

Operation.—The constriction occurred at the proximal interphalangeal articulation, and amputation at this point resulted in the patient's early return to work.

The patient thinks "there has been something the matter" with the toe for about eight years, but knows of no similar condition in any member of the family.

