

Ergot may be administered in some form. If this fails, recourse should be had, after certainly not more than a quarter of an hour's trial of it, to the underrunning as above described.

The cause of this kind of hæmorrhage is at present unknown. It has been put down to septicæmia, syphilis, hæmophilia, and other causes; but various observers have failed to find any constant histological evidence of the first two. Grandidier collected 220 cases, of which 84 had icterus neonatorum and 61 had petechiæ in various places. Mechanical and developmental defects in the heart and organs of circulation have been found associated with it in some cases, as have also certain diseases of the liver. In some cases of jaundice the child may be dying from some other cause than the hæmorrhage, which is only a symptom of the graver disease.

In reference to the relation of hæmophilia to this accident, two cases which occurred in the General Lying-in Hospital suggest a hereditary tendency of some sort. In one, that of a female child, there was a history of a maternal uncle, who was said to be subject to hæmorrhages and painless swellings of the joints, and the child had at the same time as the bleeding from the umbilicus, which occurred on the ninth day (stump separated on the seventh), several ecchymoses ranging from the size of a five-shilling piece to that of a shilling. These were doubtless the result of slight pressure on the spots where they occurred, which were the right elbow, both axillæ, the left wrist, the dorsum of the right hand, and the suboccipital region. There were no scattered purpuric spots, and no jaundice. The mother had not lost more than the usual quantity at her confinement. In another case bleeding occurred on the ninth day (stump separated on the seventh) in a female child, who on the eighth day vomited a little blood, and had a "show"—that is, passed blood per vaginam—for two days, the eighth and ninth. The mother had a phlebolith in her left radial vein, the only one remaining of four which had appeared in a line in the forearm some years before, with no definite symptoms as far as she remembered. On the ninth day she developed phlebitis in the left internal saphenous vein, which spread down to the level of the knee and extended into the femoral vein, with the usual symptoms. She lost more than ordinary at her labour, for no obstetrical reason—viz., fifteen ounces before, six ounces with, and four ounces after the placenta. The baby was slightly hoarse on the fourth day, but no other signs of syphilis were discovered in it, and none in the mother. These were the only two cases occurring in the six months; both were females, and in both there seemed some hereditary tendency.

There is some ground for assuming a close connexion between bleeding from the umbilicus, from the vagina (which is by no means rare), vomiting of blood, and transitory infantile jaundice on the one hand, and the changes in the consistence and composition of the blood described as occurring soon after birth by Colnstein and Zuntz¹ on the other. The whole subject has still to be worked out. The most complete account of these matters, as far as our present knowledge goes, will be found in Baginsky's *Lehrb. d. Kinderkrankh.* (2nd edition, translated), and in Gerhardt's *Kinderkrankh.* (vol. ii.) Fischl has a paper on the subject in the first volume of the *Archiv für Kinderheilk.*, and another in the eighth volume. There are many other writers on the subject, among whom Grandidier is the most important.

¹ Pflüger's Archiv, vol. xxxiv., p. 173.

GENERAL HOSPITAL, BIRMINGHAM.—The annual report—the 109th—for the last year shows that the total of in- and out-patients treated was 45,137. The total expenditure for 1888 was £15,198. The year began with a deficiency of £6847, and closed with an increased adverse balance of £7942. The committee acknowledge the generous gift of Mr. S. C. Holder, consisting of two new annexes of four stories each to two of the wings of the hospital, which had been erected and equipped at his sole expense. The third annual report of the committee of the Jaffary Suburban Hospital states that the hospital was now complete; the donations had reached a total of £38,866. From the medical statement it appeared that during the year 3614 patients had been treated. The report was adopted.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

CASE OF

FEMORAL HERNIA IN WHICH A PERFORATED VERMIFORM APPENDIX WAS FOUND IN THE SAC; EXCISION OF SAC AND APPENDIX; CURE.

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ON Dec. 21st last I was asked to see, in consultation with Dr. Carmichael of Edinburgh, Mrs. M—, aged sixty, who was suffering from an inflammatory swelling in her right groin. She gave me the following history. About twenty years ago she noticed a swelling in her right groin, which did not give her much inconvenience. Her medical attendant examined the tumour and pronounced it to be a rupture, and advised her to wear a truss. His advice was not taken, and as the hernia caused her little trouble she did nothing for it. Her opinion is that the swelling at times disappeared altogether, but her evidence upon this point was not strong. Thirteen days before I saw her the swelling increased in size, became very tender, and caused a little general fever. The usual soothing remedies were employed, but the inflammatory symptoms became acute, and, as suppuration had taken place, I was asked to visit her. In the right groin there was a somewhat diffuse inflammatory swelling, and all the signs of diffuse suppuration. There were no signs of intestinal obstruction, but some nausea was present. Having administered chloroform, I made a free incision over the swelling, and, keeping in view the history of a hernia, I was careful to open the suppurating cavity by dissection rather than by a plunge of the knife. This cavity was not markedly circumscribed, and it contained a quantity of pus and blood, and when this had escaped a well-defined and rounded tumour, the size of a mandarin orange, was seen. An examination readily decided that this was the sac of a femoral hernia, the walls of which were much thickened from implication in the surrounding inflammatory condition. The sac was now opened, when pus and blood escaped from its cavity. The only contents of the sac in addition to these fluids was the vermiform appendix, which was thickened and congested. The base of the appendix was firmly adherent to the inner aspect of the neck of the sac, and thoroughly plugged it. After separating the body of the sac from the surrounding parts, the neck of the sac, including the base of the appendix, was firmly ligatured with catgut, and then both sac and appendix were cut away. The stump of the sac where ligatured was now stitched in position by two or three subcutaneous catgut sutures, after the manner of a radical operation. No trouble followed the operation, and the wound was soundly healed on Jan. 19th. The portion of appendix removed measured three inches and a half in length, and connected to one side of it was a short portion of mesentery, with a considerable development of fatty tissue in it. About an inch from the extremity of the appendix there was a small perforation which opened into its canal, but no concretion or foreign body was present, although it is quite possible that a small concretion may have escaped into the suppurating sac and been overlooked.

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PERIPHERAL NEURITIS DUE TO THE VOMITING OF PREGNANCY.

By D. W. WHITFIELD, M.R.C.S., L.K.Q.C.P.I.

THE following case, illustrating one of the rare diseases which may occur as a sequel to prolonged and excessive vomiting during pregnancy, may be of interest.

Mrs. R—, aged forty, a lady of strictly temperate habits, was delivered of a fairly well-nourished female child at full time on Aug. 7th, 1888. This had been her seventh pregnancy. Her previous pregnancies had been