only recently appeared. The occurrence in elderly persons of small multiple cavernous angiomata of the lips and mouth is probably not very rare.

The conclusions at which I arrive are the following. 1. That the disease (or morbid syndroma) which I am more especially considering in the present article affects and is transmitted by both sexes. 2. That the hæmorrhage in most cases is only from the nasal mucous membranes. 3. That in most cases the morbid syndroma is not connected with any hæmophilic tendency or any diminution of blood coagulability. 4. That the cutaneous angiomata are generally not congenital but that they are "late developmental" and usually first attract attention towards middle life. Some of the minute red spots of the capillary angioma class tend to develop into raised bluish nodules approaching the cavernous venous angioma in character. 5. That in most cases a tendency to nose-bleeding has been present from early life, or at all events many years before any cutaneous angiomata have been observed. 6. That with advancing years both the attacks of hæmorrhage and the anæmia usually become more severe. 7. That probably a kind of "vicious circle" is established, the repeated attacks of bleeding giving rise to a grave condition of anæmia, which in its turn increases the tendency to hæmorrhage. This consideration would furnish a reason for occasionally employing iron and arsenic as part of the treatment. 8. That the hereditary nature of bleeding telangiectases of the nasal mucous membrane may be compared to the occasional family tendency to suffer from hæmorrhoids, or to have ordinary varicose veins of the lower extremities, or multiple smaller varices and multiple hair-like cutaneous telangiectases on various parts of the body.[14] Hæmorrhoids in some cases may, in fact, be termed "hereditary developmental bleeding angiectases."

The study of families affected with multiple angiomata of the skin and mucous membranes might help to throw light on the general subject of pathological inheritance in man. In these cases it is the morbid tendency only which is inherited, just as it is in cases of hereditary tendency to pulmonary tuberculosis, but the study of the latter hereditary tendency is complicated and obscured by the fact that the advent of a microbe (the tubercle bacillus) is necessary for the fulfilment of the "morbid promise" or potentiality in question.

Harley-street, W.

[14] Cf. F. Parkes Weber: A Note on Cutaneous Telangiectases and their Etiology: Comparison with the Etiology of Hæmorrhoids and Ordinary Varicose Veins, Edinburgh Medical Journal, April, 1904, p. 346. In regard to the view that varicose veins are venous overgrowths, allied to venous angiomata, see A. Pearce Gould's Lettsomian Lectures in Transactions of the Medical Society of London, 1902, vol. xxv., p. 132; also W. Thorburn's remarks on Developmental Varix, Brit. Med. Jour., Nov. 17th, 1900, p. 1421; and Sir W. H. Bennett's remarks on Congenital Varix, THE LANCET, Nov. 22nd, 1902, p. 1374. For similar views regarding the etiology of hæmorrhoids see G. Reinbach, "Path.-anat. und Klinische Beitrage zur Lehre von den Hämorrhoïden," Beiträge zur Klinischen Chirurgie, Tübingen, 1897, vol. xix., p. 1; and "Hämorrhoïden im Kindesalter," Mittheilungen aus dem Grenzgebieten der Medizin und Chirurgie, Jena, 1903, vol. xii., p. 272.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF PARTIAL PERFORATION OF THE BOWEL SIMULATING APPENDICITIS; OPERATION; RECOVERY.

BY W. PERCY BLUMER, F.R.C.S.EDIN.,
HONORARY SURGEON TO THE SUNDERLAND INFIRMARY.

THE patient, a coal hewer, aged 48 years, was admitted to the Sunderland Infirmary under my care on April 21st, 1907, complaining of a very severe pain in the right inguinal region and shooting across the abdomen. The history of the case was as follows. Whilst working in the Ryhope pit about 8 P.M. on April 18th he strained himself by slipping his foot when pushing a tub. He felt as if "something had torn in his bowels." There was no acute pain felt then nor for some hours afterwards. He continued to work until midnight—the end of the shift—with only momentary interruptions. The only other symptom which caused him any trouble was an urgent desire to micturate. He was able to pass a pint of clear urine and also had an action of the bowels. After finishing his work he was conveyed home to Ryhope by ambulance car and was seen by his medical attendant very soon afterwards. On examination there was no localised tenderness in the abdomen nor did palpation or percussion reveal anything abnormal. There was dorsal decubitus with both legs drawn up and abdominal facies. The temperature was 99° F. and the pulse was 76. Twelve hours later pain began in the hypogastrium and gradually became diffused over the abdomen. Tenderness on deep pressure was present over the appendix area. The temperature was 102° and the pulse was 80. There was no sickness. The subsequent symptoms changed but little up to the evening of the 21st (the date of his admission), the temperature fluctuating between 101° and 103° and the pulse always being below 80, with a gradual diminution in tone and volume. There was no history of any previous attack.

On admission to the infirmary the patient was in a rather collapsed condition (having driven three miles) and in great pain. There were great tenderness, rigidity, and some fulness over the right iliac fossa. He had a dry tongue and a feeling of nausea but there was no vomiting. The temperature was 101° and the pulse was 104. The symptoms pointed to appendix abscess. His abdomen was opened over the appendix area within an hour of admission. Recent inflammatory adhesions were found in the neighbourhood of the appendix. A small tear through the serous coat of the anterior part of the cæcum was found situated about two inches from the root of the appendix. The inner coats were bulging through. A purse-string suture was applied to the rent and the appendix, which was healthy, was removed for safety. For the first three days after the operation the condition of the patient was one of collapse, giving rise to some anxiety, but thereafter recovery was uninterrupted, and he was discharged quite well on May 23rd.

I have not been able to find the record of a similar case. The interesting points seem to be: an apparently simple slip causing a comparatively severe injury, the man being able to work for three or four hours after the injury, and the simulation of appendix inflammation.

I am indebted to Dr. Alfred Rutter of Ryhope and to Mr. Lionel H. Booth, my house surgeon, for the notes of the case.

Sunderland.

INJURY TO SHOULDER; HERPES ZOSTER; INFLUENZA.

BY JOHN ALLAN, M.B., CH.B. EDIN.

THE following case presents several points of interest and the sequence of events is unusual. A youth, 18 years of age, was seen on March 30th, 1907, on account of injury to his left shoulder. It appeared that when at work he fell and struck the back of his left shoulder against a block of wood. On examination no bruising was seen and no fracture or dislocation could be detected. Lead and opium lotion was applied to the part. During the next day or so he complained of pain at the back of the left shoulder and arm, but nothing definite could be made out to account for it. On April 3rd there appeared a herpetic eruption on the posterior aspect of the left side of the chest and on the left arm and forearm. This was accompanied by a good deal of pain. The temperature was slightly raised and the patient felt out of sorts generally. He was put to bed and the eruption was dusted with a simple dusting powder. He was given salicylate of sodium (15 grains) thrice daily and fresh vesicles as they appeared were painted with collodion. He progressed favourably until April 8th. On that date his temperature rose to 102·6° F., he was sick and vomited frequently, and he complained of headache and sore throat. On the following day his temperature was 103·8° and a scarlatiniform rash appeared over his body. This was most marked over the lumbar region and the buttocks. The face and neck and the extremities were not affected by the rash. The throat was very much congested and he had great difficulty in swallowing even fluids. He had pains throughout the body generally, especially in the back. Five grains of salicylate of quinine were given every four hours instead of the salicylate of sodium and a potassium chlorate gargle was prescribed. The temperature next morning was 103·2°, and thereafter it gradually fell to normal. The rash disappeared

after 48 hours and the other symptoms gradually got less severe and by April 16th he was quite convalescent. A tonic mixture was then given and by April 20th he was cured. There was no desquamation.

In this case it is somewhat difficult to decide whether the initial pain complained of resulted from the injury to the shoulder or whether it merely heralded the onset of the herpes zoster, the fall either precipitating the onset of the herpes or drawing the patient's attention to the pain. The attack of influenza which subsequently supervened is interesting because it was accompanied by a rash, a rather uncommon though not unknown occurrence. That it was influenza is proved because several people who came in contact with the patient contracted influenza and the nurses in attendance developed influenzal colds. The rash, too, had not the characteristic distribution of scarlet fever and there was no subsequent desquamation.

Kidderminster.

A CASE OF SUPERNUMERARY DIGITS.

BY WILFRID H. W. ATTLEE, M.D.CANTAB., M.R.C.S.ENG., L.R.C.P. LOND.

THE accompanying illustration of the hands of a newly born male infant may be of interest. On each hand there was an extra digit attached to the ulnar side of the little finger by a soft pedicle consisting only of skin and blood-vessels.

Reproduction of photograph of infant's hands showing supernumerary digits.

Each digit had a well-formed nail. In all other respects the hands were normal. The child's parents are first cousins and one of their uncles had a supernumerary thumb on one hand. This man would be the infant's great-uncle.

Eton.

Medical Societies.

BRITISH GYNÆCOLOGICAL SOCIETY.—A meeting of this society was held on July 11th, Mr. W. D. Spanton, the President, being in the chair.—Dr. J. Hutchinson Swanton showed a specimen of Fibromyoma of the Vagina and read notes of the case. This occurred in a widow, aged 40 years, who gave a history of five pregnancies and four abortions, the last being five years previously. The clinical history was one of endometritis. The tumour was discovered in routine examination high up on the anterior wall and presented no symptoms. Removal was recommended as it increased in size recently. It was found to be a pedunculated fibromyoma measuring three-quarters by one-third of an inch.—In the discussion which followed Dr. H. Macnaughton-Jones said that such tumours were comparatively rare. It was important to know whether they became degenerated or malignant. Such growths were sometimes sarcomatous.—Professor J. W. Taylor had met with similar growths four times and in one instance it recurred three times after removal, although on examination presenting the histological characters of a myoma.—Dr. J. J. Macan raised an interesting point in the pathology of these tumours. —The President said that the question centred around the possibility of these growths becoming malignant.—Dr. Swanton also showed a specimen of Cystic Adenocarcinoma of the Ovaries and Vermiform Appendix removed from a patient, aged 69 years, originating in cystic growths and becoming malignant.—The President remarked on the extreme malignancy of these growths when arising in such a manner.—Dr. A. E. Giles commented on the diagnosis and said that carcinoma of the ovary was not often directly diagnosed, especially where there was no free fluid.—Dr. Macnaughton-Jones considered that the prognosis depended upon the escape of carcinomatous fluid into the peritoneum or not.—Dr. Macan said that malignant disease very frequently involved both ovaries, although not in an equal degree.—Dr. E. A. Neatby wished to know whether ovarian carcinoma occurred more frequently as a primary or secondary condition. He related an interesting case where recurrence took place in the adjacent intestine some months after removal of the ovarian tumour.—Dr. Macnaughton-Jones showed a specimen of Large Myoma removed from an unmarried patient, aged 32 years, who complained of menorrhagia and secondary anæmia. The growth was encapsuled by peritoneum and arose from the right of the body and cervix burrowing under the peritoneum. Another peculiarity was the presence of a lymphatic sac which seemed like the dilated and thinned-out body of the uterus undergoing degeneration. Both ovaries were removed as they were cystic and had degenerated.—Professor Taylor thought the cavity might be accounted for by the separation of layers of the peritoneum.—The President considered that the condition might be explained as being the result of peritonitis.—Dr. Swanton showed a Cyst of the Clitoris removed from a patient, aged 20 years, who thought that it was due to trauma and commenced three months previously. The growth was situated at the anterior extremity of the left labium minus, being three-quarters of an inch across. The clitoris and cyst were removed. The contents consisted of blood, pus, and sebaceous matter.—The President thought that such cases were rare and suggested that it might have had an origin similar to that of vaginal cysts.—Professor Taylor thought that the position was unusual and regarded it as a suppurating sebaceous cyst.—Dr. Macan said that such cysts were very rare. In the absence of further microscopical details it was difficult to decide as to the nature of the cyst.—The President then delivered his valedictory address and said that the amalgamation of the societies would act as an incentive to closer observation and more scientific methods. He hoped that the provincial members would come forward in the future as in the past. The death of the society meant but an entrance into a higher life of greater usefulness and enlarged opportunities in communion with similar interests. He then gave a *résumé* of the work accomplished by the society during the last 23 years. The first specimen shown was a multiple uterine myoma removed by hysterectomy. The view then expressed was that now held that to extirpate a tumour simply because it was a tumour which gave little or no trouble implied taking a responsibility on the part of the surgeon which he ought to decline. Other subjects discussed included matters such as asepsis, antisepsis, puerperal septicæmia, Porro's operation for cancer of the uterus, electrolysis in fibroid tumours as advised by Apostoli, myomata and pregnancy, morbid pelvic states and associated mental conditions, and displacement of the uterus and the use of mechanical supports. During the short session now brought to a close the subjects were of a practical nature and included uterine hæmorrhage, membranous dysmenorrhœa, prolapse of the uterus, inflammatory diseases of the appendages, mobile kidney, and the treatment of general peritonitis.—Hearty thanks were accorded to those who assisted in bringing about the amalgamation.—The meeting unanimously agreed—

That we desire to record our appreciation of the courtesy and cordiality with which the Obstetrical Society of London united with our society in their arrangements for amalgamation.

—The meeting then terminated and the President signed the minutes.

EDINBURGH OBSTETRICAL SOCIETY.—A meeting of this society was held on July 10th, Dr. J. W. Ballantyne, the President, being in the chair.—Professor J. A. C. Kynoch (Dundee) read a paper on a Series of Five Cases of Cæsarean Section for Contracted Pelvis. Three of the patients had been born in Glasgow. The first patient was in her second pregnancy; in her first she had been delivered of a stillborn child by version, after repeated attempts with forceps in Walcher's position had failed. The true conjugate was about three inches, the pelvis being of the small, flat, rickety type. The case was unfavourable for the performance of induction of premature labour. The mother and child did well. The