

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

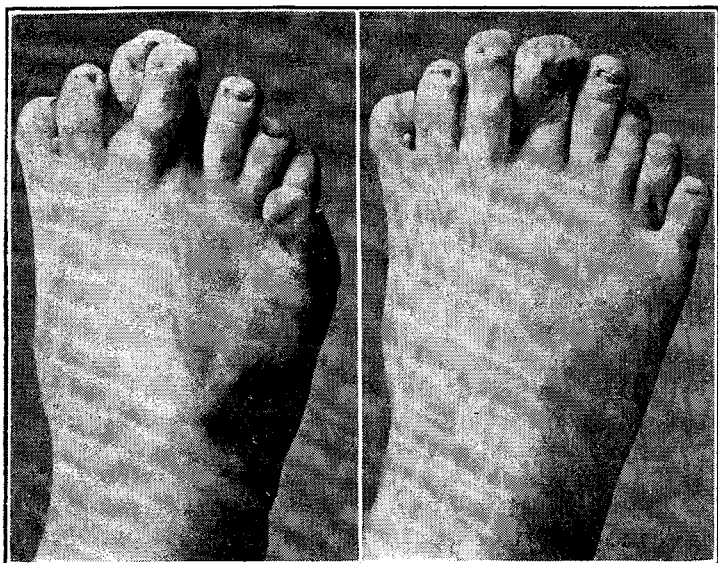
NOTE ON A CASE OF SUPERNUMERARY TOES.

BY WALTER FALLA, M.R.C.S. ENG., L.R.C.P. LOND.

A FEMALE patient, aged 22, recently consulted me for an interesting and unusual deformity of her right foot, which caused her considerable inconvenience in walking owing to the overlapping of some of the toes. The left foot was normal, but the right one was considerably broader and was provided with eight fully developed toes, three of which were on one side of the big toe and four on the other, and each one articulated with a separate metatarsal bone. Owing to the rarity of this malformation I had the foot photographed. Fig. 1

FIG. 1.

FIG. 2.



shows the foot in its natural position, with the toes overlapping each other, and Fig. 2 shows the toes spread out. I amputated at the metatarsal joints the two outer toes and the one next to the big toe on the left, the result being that the patient can now walk without the slightest discomfort. There is no family history of any such deformity, although the patient has several brothers and sisters. Jersey.

NOTE ON A CASE OF GOUNDOU.

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THIS singular and obscure condition, which is characterised by the formation of hard, smooth, symmetrical tumours at the side of the nose similar to exostoses, occurred in a little negro girl who came under my notice in February, 1913; she was born in Tobago in 1902, and arrived in Trinidad about eight years ago with her mother, who gave the following history. In 1910 she noticed a small swelling on each side of the child's nose; the swellings were hard and painless, and increased slowly in size until about two years ago, when they appeared to become stationary; the child complained occasionally of slight headache and of a feeling of obstruction in the nostrils; there was no nasal discharge. No history of yaws

or syphilis could be elicited. The mother had had nine children, all healthy. When the child came under my observation the swellings were fairly well marked; they were hard, smooth, and dome-shaped, standing off the surface about $\frac{1}{4}$ inch; the skin overlying the growths was natural and freely movable. Examination of the nares and mouth revealed nothing abnormal, and the presence of these swellings did not appear to cause any discomfort to the child. It may be of interest to note here that both tibiae were distinctly thickened, and that the mother stated there was a case of yaws in her house when the child was two years of age.

This is the only case of goundou, or what appears to me to be goundou, I have met with during the 20 years I have been connected with the hospitals of the colony, and I can find no previous record of the occurrence of this affection in the island. The condition is reported to be fairly common in West Africa, but its etiology remains in obscurity. Some affirm that the morbid process begins during or soon after an attack of yaws, whilst others maintain that it is started by the larvæ of some insect which find their way into the nostrils; others, again, are of opinion that the condition is *sui generis*. Dr. Albert J. Chalmers has published in THE LANCET a report of six cases of this disease under the name of "Henpuye."¹ Dr. Henry Strachan² has reported an instance of this strange disease in a Jamaica negro child, and suggests that it may be an example of atavism referable to some tribal peculiarity of the original West African stock. In my case I was unable to elicit any history of the larval invasion of the nostrils, nor was there any clear evidence or manifestation of yaws—a disease, however, which was extremely common a few years ago and is still prevalent in Tobago, where the child was born and lived during three years.

A CASE OF ENLARGED THYMUS AND ATELECTASIS.

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THE charge of "overlying" made against mothers whose infants are found dead in bed and the sudden deaths which unexpectedly occur during operative procedure have given rise to a comfortable theory of the status lymphaticus which supersedes or supplements the older theory of "thymic asthma" as a cause of otherwise inexplicable death.

In the present state of our knowledge it seems a duty to record the particulars of any case where an affection of the thymus gland may have been the cause of death. A short time since the infant of a woman whom I had been attending was found dead in the bed. The police suspected overlying or negligence, and an inquest was held. At the post-mortem examination the body was found to be well nourished, weighing 12½ lb., the age being 3 months. There was uncurdled milk still present in the stomach, and all the organs appeared to be healthy, but the thymus gland seemed enlarged—being bigger than the heart, whilst both lungs were of a somewhat purplish and collapsed atelectasoid condition.

I attributed the death to asphyxia, probably aggravated by the enlarged state of the thymus gland. It is doubtful if this conclusion was really

¹ THE LANCET, Jan. 6th, 1900, p. 20.

² Brit. Med. Jour., Jan. 27th, 1894.