

increased to nearly double its size, especially if the vesicle contain a good supply of lymph. If necessary, a second drop of glycerine may be applied after the first has been used, and even a third.

This plan avoids the risk of drawing blood, which at times it is not easy to escape doing when puncturing the vesicles. Moreover, not having to hold the infant's arm, there is no fear of cap-sizing the child, the possibility of which adds to the difficulty of arm-to-arm vaccination where many children have to be vaccinated from one.

I should be glad to hear whether, in the hands of other practitioners, the same good results are obtainable. I have only given the method a four months' trial so far, which is perhaps hardly sufficient to authorise any definite conclusion.

CLINICAL MEMORANDA.

HÆMOPHILIA.

THE particulars of the following case are of interest from the very early age of the patient and the symmetrical arrangement of the phenomena.

M. S., aged 38, a primipara (married eighteen years), was on February 14th delivered of a male child after a natural and quick labour. The child was apparently healthy and strong, crying lustily. On the third day a small dark spot was observed on either side of the occiput; the day following the child had two black eyes, evidently due to extravasations of blood, the discolorations extending symmetrically above the eyebrows and on the malar bones. The eyeballs presented an unusually pearly appearance. Next morning the nurse observed a purple swelling on the external aspect of the left humerus, and in the evening the same was to be observed on the right side. The following night the umbilical cord began to bleed, which the nurse arrested temporarily by the local application of brandy and by retying. Hæmorrhage broke out, however, again on the proximal side of the ligature, and the child died from loss of blood before medical assistance could be obtained. DUNCAN R. McARTHUR, M.D.

Sturminster Newton.

UNDER the above heading Mr. Eagle recorded a case in the JOURNAL of March 10th; and as a very similar case has just come under my notice, I think it worthy of record.

On March 8th I delivered Mrs. P., a countrywoman aged 25, of an apparently healthy male infant. The child was at the full term. It was somewhat jaundiced on March 10th, but better on March 11th. On March 12th the jaundice became more intense, and on March 13th two swellings appeared, one behind each axilla, evidently composed of extravasated blood. During the next two days other swellings appeared on the back, shoulders, front of chest, elbows, and knees. The cord separated on the morning of March 15th, and there was a continual oozing from the umbilicus till the child died at mid-day on March 16th. No treatment was of any avail.

Mrs. P. was delivered of a male infant six years ago at the eighth month. He survived his birth one month, and died much swollen and covered with lumps. Two years ago she aborted at the end of the third month, and lost much blood. I did not attend her on these occasions. Two of her brothers suffer much from epistaxis. GEORGE VINCENT, M.D., M.R.C.S.

Shouldham, Downham, Norfolk.

MULTIPLE SARCOMATA OF THE SKIN.

SARCOMA CUTIS is such a rare disease as to justify the recital of the following case. Koebner reports only two such cases (secondary), whilst Kaposi had only seen five cases of the idiopathic disease (*Hebra on Diseases of the Skin*, vol. iv); in the latter the affection always began in the soles of the feet, and was doubtless a general morbid affection from the very outset.

On October 8th, 1887, I was called to see E. D. G. E. T., a school-mistress, single, aged 32 years, fair complexion, red hair, extremely anæmic, temperature 101° F., pulse over 100 and weak. She was in bed, and could not change her position in the least owing to intense pain in the right hip; she stated that she had come two or three weeks before from near Leeds, where she had been ill and treated for sciatica for six weeks. On examination, I found a distinctly localised oval swelling, four or five inches in length and three inches in width, situated immediately over the upper and back part of the right ilium to which it was attached; the inner

border of the swelling, which was elastic and semi-fluctuating corresponded with the sacro-iliac synchondrosis; the superjacent skin was of its natural hue and consistence, and could be moved freely over the growth, the borders of which were distinctly definable. The growth itself was neither tender nor painful, and of six weeks' duration. There was a history and marks of scrofula in the patient. Was the growth a sarcoma or a chronic painless abscess? Neither a hypodermic needle nor a small trocar could obtain pus. This settled the diagnosis. There was no history of injury, except a fall on "the small of the back" two years before from a gig. On further examination, I found several nodules in the skin of the head, face, and neck, and a few on the body, some of which projected half an inch above the skin level. The nodules varied in size from a split-pea to a pigeon's egg. Some were evidently situated in the deeper layers of the skin itself, whilst the skin could be moved over others; they were mostly isolated, some were firm, others elastic and compressible; over some the skin was of its normal hue, over others white and glistening, whilst on other nodules it was bluish-black, giving the appearance of an enlarged vein. She stated that these nodules developed shortly after she became ill, and that some disappeared entirely, but I could find no cicatrix nor anything else to mark the site of a former nodule. There was no ascertainable evidence of disease in the lungs or liver; there was dysphagia, which was probably due to nodules in the submucosa of the gullet (as in one of Kaposi's cases, in which they also appeared in the lining of the stomach, intestines, and bronchi); the fauces were quite bloodless. Cough and dyspnoea were conspicuous by their absence. The nodules continued to increase in number up to her death, which took place from exhaustion on November 17th, three months and a-half from the commencement of the illness, when no less than sixty or seventy were present on the head, neck, and trunk, the limbs, unlike all Kaposi's cases, being exempt. There was some remission in the sciatic pain before death, but the iliac growth was unaltered. There was no ulceration or gangrene of any of the nodules. The lymphatics were unaffected.

The rapidity with which the nodules developed after the first noticed growth seems to favour the view that the whole of the tumours were due to a primary disease of the blood, and were not the result of secondary infection. I regret not to have been able to obtain a nodule for microscopic examination after death, owing to the great distance (ten miles over moorland) from the patient's house and my other engagements at the time.

Stanhope.

WILLIAM ROBINSON, M.S. and M.D.

THERAPEUTIC MEMORANDA.

PEPPERMINT WATER IN PRURITUS PUDENDI.

EVERY PRACTITIONER will have had under his care cases of this troublesome affection, which have been proof against all treatment, especially in the neural forms, where the cause of the pruritus, which is, of course, only a *symptom*, is more difficult to remove. No excuse, therefore, is needed to mention a local remedy which will, if the skin be unbroken, either cure the patient, or afford relief whilst the source of the irritation is being treated.

The agent here alluded to is peppermint water, used as a lotion. The B. P. preparation of aq. menth. pip. answers well, but is bulky for carrying about, and is incapable of concentration unless rendered alkaline. This is best done by borax, as being in itself soothing and antiseptic. Patients can easily make their own lotion, as required for use, by putting a teaspoonful of borax into a pint bottle of hot water, and adding to it five drops of ol. menth. pip., and shaking well, the parts affected to be freely bathed with a soft sponge.

If no cracks or sores are present, this lotion will remove the itching, but if there be eczema, etc., or rawness from scratching, it is inapplicable, olive oil, with five grains of iodoform to the ounce, being then more useful. The greatest and most permanent relief is afforded in the neural form, especially in the reflex pruritus which often accompanies pregnancy, and which then may take the place of reflex sickness or vomiting. It is also very useful in the pruritus which occurs in the climacteric, or in elderly women, in whom it may be only part of a general pruritus, and also in those cases of women of all ages, where the urine simultaneously becomes of very low specific gravity, without any evidence of having a gouty or granular kidney as a remote cause.

In pruritus due to pediculi, ascarides, an irritable urethral car-

uncle, an endocervical polypus, early cancer of the cervix, distension of Bartholini's ducts or glands, the leucorrhœa of vaginitis, endocervicitis, and metritis, or the irritating discharges of advanced carcinoma uteri, or to a gouty or diabetic diathesis, the drug excels all others, cocaine inclusive, in affording relief, whilst endeavours are being made to remove the cause.

In two obstinate cases of uncontrollable pruritus of pregnancy, where this remedy only gave temporary relief, the patients were cured by applying iodine liniment to the angry looking cervix uteri, which method has been used successfully by Dr. John Phillips and others for the similarly severe vomiting of pregnancy.

Peppermint has long been used by the Chinese as a local remedy for neuralgia, and has lately been sold here, combined with camphor, as menthol. It appears to act as a local anæsthetic, its effect lasting often many hours, and in some cases of reflex origin a single application of the lotion has cured the patient. The remedy was, I believe, named in a casual communication to the JOURNAL about twenty years ago, but I have failed to find the reference, and though it has been prescribed spasmodically by my father, and perhaps by others, its extreme utility seems known to very few.

AMAND ROUTH, M.D., B.S., M.R.C.P.,

Assistant Obstetric Physician, Charing Cross Hospital.

REPORTS

OF

HOSPITAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN, IRELAND, AND THE COLONIES

THE CIVIL HOSPITAL, HYDERABAD, SIND, INDIA.

LATERAL LITHOTOMY.

By Surgeon-Major B. C. KEELAN, L.R.C.S.I., L.K.Q.C.P.I., Indian Medical Department, Civil Surgeon of Hyderabad, and Superintendent of the Medical School, Hyderabad, Sind.

THE following table gives a statement showing twenty-four large stone cases which were operated upon by the lateral method of lithotomy during the six months from June 1st, 1887, to November 30th, 1887. Besides these there were sixty-seven other cases operated upon during this period, which will be published hereafter, thus giving a total of ninety-one cases, of whom three were females operated upon since writing my last paper for the JOURNAL.

Table showing the Number and Size of Large and Hard Stones removed by the Lateral Operation from June 1st, 1887, to November 30th, 1887.

Average Size of Stones.	Number.	Sex.	Result.	Ages.
3i 5ii	4	Males	Cured	50, 30, 50, and 35 years.
5iiss	6	Males	Cured	42, 40, 45, 40, 14 and 50 years
3ii	6	Males	5 Cured 1 Died	48, 40, 32, 40, 40 and 32 years
3iiss	4	Males	3 Cured 1 Died	60, 50, 50 and 34 years.
3iii	1	Male	Cured	42 years.
3iiiss	1	Male	Cured	28 years.
5v	1	Male	Cured	20 years.
3viiss	1	Male	Cured	48 years.
	24		22 Cured 2 Died	

The following was an important case. An adult male, 48 years of age, was admitted into hospital with severe symptoms of stone in the bladder, from which he said he had been suffering for eleven years, and could endure the pain no longer. He was operated upon by the lateral method of lithotomy, described by me in the JOURNAL of October 15th, 1887. On being removed the stone weighed 6½ ounces. It was of uric acid, and was exceedingly hard and oval-shaped. Round the greatest diameter it measured by the tape 8½ inches, and round the smallest diameter, which passed through the wound in the perineum, it measured 7½ inches.

Notwithstanding the large size of the stone, which was very smooth, I had not very much difficulty in removing it by traction upwards and forwards with the bent-bladed forceps, as suggested in my paper. The forceps did not slip even once. I find that the perineum in this direction dilates easily and there is no chance of the tuber ischii or the dense unyielding structures immediately in front of the rectum obstructing the passage, and the rectum is not in danger. There is less bleeding also to be feared by enlarging the wound in this direction. The patient, a stout man, left the hospital quite cured in a month exactly from the date of his admission, during which time his case went on smoothly, and his progress was never impeded by any unusual symptoms. After his discharge there was no incontinence of urine, and there was not even a fistula left behind. His sexual powers were perfect, and his general health was greatly improved.

The other patients made excellent recoveries with the exception of two, one of whom succumbed one month after the operation. He was a weakly man when operated upon, and was 60 years of age. The other man got suppression of urine on the third day after the operation with a tympanitic state of the abdomen, after which he sank rapidly. This man's stone was very peculiar. I have never seen one like it before, nor have I seen a stone similar to it described in any book. It is beautifully smooth, and of a darkish drab colour, and one part of it shines as though it was covered with a layer of varnish, which had become exceedingly hard, and there are two projections, or tears, smooth and shining, like dried up drops of hardened paint of the same colour.

The twenty-two patients who were cured were particularly asked, on being discharged, if they had lost any sexual powers, and I was invariably answered in the negative. This question, I think, has been raised without much reason. It is the testicles that secrete the semen, and as long as that fluid is emitted through the channel destined for its discharge, there can be no proof that lateral lithotomy has a tendency to render persons impotent. Many of these patients had deep perineums, so deep that the finger could with difficulty be passed into the bladder.

There seems to be some mysterious impression, which is very surprising to me, among a few in England that natives of India are weakly attenuated creatures, and, being constitutionally different from Europeans, they are somewhat more amenable to operations. But, from my experience of the Sindhis, the Beluchis, the Afghans, and the Punjaubis, among whom I have daily practice, I can affirm that they are equal in physique to Europeans, and their children are fat and healthy, like the offsprings of English parents. That there are no anatomical differences between the two races is a fact which can be demonstrated daily in the dissecting room. I hope, therefore, that lateral lithotomy may be thoroughly tried, and the operation improved upon, by persons who have equal opportunities with myself of taking up the subject, and developing it. In the JOURNAL of October 15th, 1887, there is an interesting article on the relative merits of litholapaxy and the suprapubic operations in male children. Regarding the latter operation, twelve cases are reported by nine different operators, with one death, of children operated upon under 16 years of age. Eighty-nine cases of litholapaxy have been collected by eight operators without a casualty, except one mentioned in Surgeon-Major Keegan's collection of fifty-eight cases. The article on One Year's Statistics of the Hyderabad Civil Hospital, published in the following page of the same journal, shows a total absence of mortality in one hundred and five successive cases of young people operated upon, some of whose ages did not exceed eighteen months, and many left the hospital completely cured in ten or twelve days. I omitted to mention the great assistance I derive by sometimes using a small curved forceps, if there is any difficulty experienced with the straight pointed forceps in seizing the stone, when operating on young children by my method of introducing the forceps on a small director. Mr. Walsham's paper also shows that the suprapubic operation is not only beset with danger to life as well as with numerous complications, but that the wound takes a longer time to heal. In one case nearly seven weeks, in another nearly ten weeks, a third one took months to heal, in a fourth the little patient died, and in other cases the time is not stated, and no reason is given. In one instance the surgeon who operated said he would not repeat the operation, and this is what I have said in my former paper, namely, that I have tried it and had to give it up.

If the operation is so comparatively unfavourable in children,