in removing the foreign body, which proved to be a gall stone about the size of a large walnut, with corrugated surface, but displaying a polished concavity about half an inch deep and marked with concentric rings on one side. The weight of the stone, which is in my possession, is 259 gr.

Since passing this stone the man has improved rapidly, and has experienced no more attacks of pain or any inconvenience whatsoever.

BERNHARD MORRIS, M.D.(Dorp.), L.R.C.P.&S.E., F.F.P.S.&G.
Commercial Road, E.

MUMPS IN MOTHER AND INFANT.

THE incubation period in contagious parotitis is generally considered to be of long duration. A Committee of the Clinical Society of London reported that it might vary from fourteen to twenty-five days; J. Lewis Smith gives nine to twenty-one days; and Biedert and Demme believed it might be as short as eight days.

The following case is therefore of interest, in that it either still further reduces the incubation period, or involves, as an alternative, the interesting possibility of an antenatal infection:

Mrs. W., aged 24, who had never previously had mumps, was confined with her first child on March 17th last. The child was a well-developed boy, and both progressed uneventfully until the morning of the 23rd, when a well-marked swelling of the child's right submaxillary gland was noticed. This was pointed out to me, but I did not appreciate its significance till the next day, when the mother complained of a painful swelling in her left submaxillary gland, and her temperature rose to 103° F. The right parotid of the child became involved on the second day, and he took the breast with difficulty.

A diagnosis of mumps was made, as there were several cases in the same street. The mother had a great deal of pain and swelling, followed by considerable debility. The child gradually recovered, the glands becoming normal in about three weeks; no swelling of the testicles was observed.

The day before attending the confinement I had seen a case of mumps, and might possibly have conveyed the infection, The mother, however, lived in a densely-populated street, in which mumps was prevalent, and might equally well have become infected before the confinement. Granting the infection of the child occurred at birth the incubation period would be seven days, which is less than in any recorded case, and at least suggests the possibility of an antenatal infection.

Edgbaston. HENTON WHITE, M.D., F.R.C.S.Edin.

THE INCUBATION STAGE OF VARICELLA.

J. T., admitted to hospital on April 29th suffering from diphtheria, developed varicella on May 25th. On careful inquiry we can exclude all sources of infection save the fact that his sister at home was suffering from varicella. He had no visitors during the interval. This would make the incubation stage nearly correspond to Trousseau's limit of twenty-seven days.

JOHN MARSHALL DAY, M.D.,
Resident Medical Officer, Cork Street Hospital, Dublin.

THE OPERATIVE TREATMENT OF BUNIONS.

THREE very troublesome cases of bunions to treat, all in young women, had been under treatment for some time, and I was quite tired of strapping, paints, socks, toe posts, and special boots. They were severe cases, and so persuaded operation. I was extremely surprised at the easy way the metacarpal bones could be exposed and their heads removed; in each case the phalanx above appeared dislocated. My first case was put up in a carefully-adjusted L splint, and was able to walk about the house in fourteen days. The remaining two were treated simply with wool dressing, and with like result. Slight passive motion was commenced on the seventh day, but not pressed, as I expected that walking about as soon as possible would be sufficient to do that.

Both feet were in each case done. The wounds healed by primary union, and all three women are extremely pleased with the result.

Tunbridge Wells. J. THEODORE ABBOTT, F.R.C.S.I., etc.

REPORTS
ON
MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

CO. ANTRIM INFIRMARY, LISBURN.

TWO CASES OF SPINA BIFIDA TREATED SUCCESSFULLY, ONE BY INJECTION OF MORTON'S FLUID AND THE OTHER BY EXCISION.

(Under the care of GEORGE LOMBE ST. GEORGE, M.R.C.P.I., L.R.C.S., Surgeon to the Infirmary.)

CASE I.—R. T., aged 7 days, was admitted to the hospital on October 5th, 1901. She had a spina bifida of the fourth and fifth lumbar vertebrae. The tumour was about the size of a small orange, and covered for about two-thirds by normal skin, but ending for the upper third in a membrane with a distinct margin; this membrane was beginning to show signs of ulceration. The tumour was markedly distended when the child cried or struggled, but there was no paralysis of the lower limbs or distension of the fontanelles.

On October 7th, the tumour having been thoroughly cleansed and made aseptic with sublimate lotion (1 in 2,000), the child having been anaesthetized with chloroform, the base of the tumour was punctured with a fine trocar, and after allowing about two-thirds of the contents to escape a drachm of Morton's fluid was injected slowly through the cannula. On withdrawing the cannula the opening was firmly grasped, and painted over with a solution of iodoform in flexile collodion, in order to close the orifice. The whole tumour sac having been painted with the collodion and iodoform, it was covered with iodoform gauze and absorbent wool. The child seemed to suffer greatly from shock after the operation. The temperature rose to 103°, and remained high for some days. The tumour began to fill again, though the walls seemed much more consolidated after a few days.

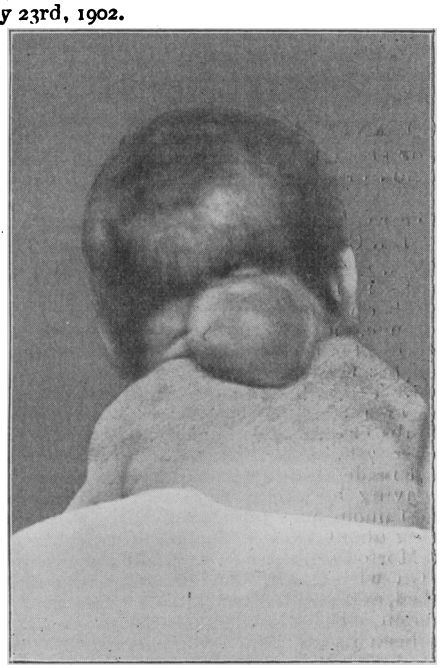
On October 21st the tumour was again tapped, and some fluid having been drawn off the sac was injected as before, and painted with the iodoform collodion. The temperature did not rise on this occasion to any appreciable extent, nor did the child seem to suffer so much from shock, but there was great wasting of the limbs and constipation. She was therefore put on cod-liver oil and malt (Kepler) and Mellin's food. Under this form of food she rapidly improved in weight and appearance. The walls of the sac were now becoming shrivelled and more and more consolidated except in the centre, where a small piece of membrane still remained.

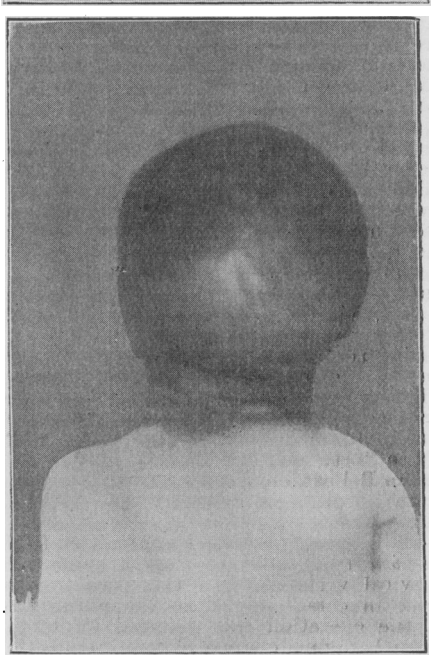
On December 21st this piece was carefully dissected round, in the expectation of finding it communicating with the sac itself, but it did not do so. The flaps of skin were therefore closed over the opening, so as to provide a fine covering. The child did well, and made rapid recovery, being shown at the meeting of the North of Ireland Branch of the British Medical Association, in Belfast, on January 23rd, 1902, and was discharged from hospital on February 7th, only a fine cicatrix remaining.

CASE II.—S. L., aged 3 weeks, was admitted to the hospital on October 26th, 1901, suffering from a spina bifida of the seventh cervical vertebra. In this case the tumour was covered by skin completely. As the child was suffering from boils, the operation was deferred for some weeks, to allow of there being no chance of septic infection, as there was no urgency from the state of the tumour.

On November 16th, the child being in good health, the tumour and surrounding skin were thoroughly cleansed and made aseptic, and the child anaesthetized. Two horizontal flaps of skin were carefully raised from the tumour down to the base, the tumour was punctured, and fluid allowed to escape. The base of the tumour was grasped with forceps and ligatured with catgut, and the tumour cut off; the skin flaps were then laid down and closed by a continuous suture of silkworm gut, and all was dressed with iodoform collodion and gauze. The child showed no signs of shock after the operation. The temperature rose on November 19th to 100°, but never again above normal. The wound healed rapidly, and

the child was discharged on December 16th, 1901, and was shown with the previous case at the meeting of the North of Ireland Branch of the British Medical Association, Belfast, on January 23rd, 1902.





The accompanying photographs show the case before and after operation.

REMARKS.—The treatment of cases by Morton's fluid (though in the first case successful) is fraught with great danger, and should be avoided if it is possible to operate by excision. The injection of an irritating fluid into a sac communicating with the spinal canal must lead to serious consequences, as evinced by shock, etc.; whereas excision, with proper aseptic precautions, the position of nerves and their avoidance can be carefully ascertained beforehand. In these two cases the different mode of treatment can be conveniently contrasted and the results compared.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

W. WATSON CHEYNE, C.B., F.R.S., President, in the Chair.

Tuesday, June 17th, 1902.

THE BONE MARROW IN A CASE OF SUPPURATION AND HAEMORRHAGE FROM THE KNEE-JOINT.

DR. A. G. PHEAR read a paper on the histology of the marrow of the femur in a case of suppuration of the knee-joint, followed by profuse secondary haemorrhage. The changes in the medullary tissue were of a double order. There was (1) proliferation of myelocytes and allied cells, similar to that which had been recorded in other cases of infective processes, and constituting the so-called "myelocytic reaction" to infection; (2) proliferation of cells of the erythroblastic type, of special interest when viewed in connexion with the severe haemorrhage that took place some days before death; the characters of the erythroblasts were such as to denote an early stage in their growth. Giant cells were present in considerable number. The proliferation of the cellular constituents of the marrow had advanced to such a degree as to alter its general character; in the place of a tissue consisting almost wholly of fat, there was found an opaque, firm, reddish tissue, containing an insignificant amount of fat, and composed chiefly of the various cells described. Reference was made to recent investigations into the marrow changes attendant on experimentally-induced infection with pyogenic organisms, and stress was laid on the close similarity between the results of experiment and the marrow lesions, which in the present case were found to be clinically associated with suppuration. The importance of such observations, both clinical and experimental, lay in their bearing on the view that the bone marrow was the source of the polymorphonuclear blood corpuscles, and therefore the chief tissue concerned in the leucocytosis that accompanied infective diseases. In answer to the difficulty (of holding the active formation of leucocytes from the myelocytes) arising out of the absence of karyokinetic figures, the author stated that, though not seen by himself, other observers had recorded karyokinesis in similar circumstances; moreover, the material was hardened at so comparatively long a time after death as twenty-four hours.

LIPOMA OF THE MEDIAN NERVE.

Mr. H. J. WARING exhibited this specimen. The patient from whom the specimen was obtained was a man aged 38, who gave the following history of the onset of his disease: He was quite well until June, 1895, when his right forearm and hand were crushed by a heavy bar of wood. No bones were broken, but as a result of the injury the patient was unable to follow his usual occupation for a period of fifteen months. In June, 1896 (one year after the occurrence of the injury), the patient suffered from severe pains in the right hand and stiffness in the right thumb and forefinger. From this date until October, 1900, the changes which were now apparent in the conformation of the limb gradually developed. On one occasion an exploratory incision was made into the soft tissues of the swollen thumb, but according to the statement of the patient no fluid was evacuated. From October, 1900, until April, 1901, when the patient first came under observation, enlargement of the right thumb and forefinger took place rapidly; a swelling appeared in the soft tissues immediately above and on the inner side of the right elbow, whilst attacks of increasingly severe pain occurred along the course of the arm and on the anterior margin of the trapezius muscle on the right side. From the statements made by the patient, these attacks of pain appeared to involve chiefly the median nerve and the region of the brachial plexus. When first seen in April, 1901, the radial side of the right hand and forearm presented the appearances shown in the cast exhibited. The right forefinger and thumb were considerably enlarged and apparently elongated. The extremity of the forefinger was bent upon itself almost at a right angle, so as to lie on the palmar aspect of the distal portions of the middle and ring fingers. Movements in the metacarpophalangeal joints were present, but in the interphalangeal