

trates the same condition of periosteal new formation of bone, his figures exactly resembling the condition often seen in the case of long bones adjacent to a tuberculous joint lesion. All observers are agreed that the soft parts are particularly unaffected.

CONCLUSION.

For these various reasons I would suggest that hypertrophic pulmonary osteo-arthropathy is in reality a tubercular affection of a large number of bones and joints, but that it is of a benign type, having no tendency to break down or caseate. It appears in fact to bear to the common "strumous" lesions of joints a relation similar to that which lupus bears to "tuberculous ulceration" of the skin, and also, like lupus, it is widely diffused, with a tendency to be symmetrical and to affect the extremities, possibly because the comparative feebleness of the circulation here favours the growth of bacilli which are maintaining a precarious existence in the body. Should this view ultimately prove to be correct, we might, with advantage, substitute for the cumbersome but guarded designation of Marie, the term "tuberculous poly-arthritis."²³

A CASE OF LYMPHANGIOMA CIRCUMSCRIPTUM.

[See illustration opposite page 1149.]

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I CAN find but ten cases of this form of lymphatic disease on record, the notes of five of which have been published, and I therefore think the following worthy of record; it is also the first case of the kind reported from Australia.¹ The patient, when first seen by me, was under Mr. Fitzgerald's care in the Melbourne Hospital, and I have to thank him for his courtesy in allowing me to take the following notes.

R. A. was a healthy-looking well-developed girl, aged 12 years. Her mother died of phthisis; she had a brother and a sister, both of whom were perfectly healthy. The patient stated that she had a small "birth mark" on the upper and front part of the right thigh, just below the fold of the groin. This remained quiescent till she was 10½ years old; at this period it began to increase slightly, and occasionally to bleed freely. From this date the small "water blisters" began to form. They appeared at first like small grains of boiled sago beneath the skin; subsequently they increased in size, some remaining discrete and others coalescing until the following condition was produced: At the upper and anterior aspect of the right thigh, immediately below the level of the fold of the groin, were eight distinct groups of vesicles, varying in size from a threepenny-piece to a shilling. The groups were composed, for the most part, of clusters of vesicles ranging in size from a pin's head to a split pea. In colour most of them were of whitish and transparent-looking like clusters of small white currants; others had a pinkish tint. Here and there some of the larger vesicles were filled with venous blood, giving the appearance of a ripe mulberry to the part. These dark lesions, however, were few compared with the lighter

²³ Since the above was written the writer has had the opportunity of seeing a case of well-marked enlargement of the lower ends of the radius, ulna, tibia, and fibula in a boy suffering from mitral stenosis and hydatid of the liver, but without any evidence of lung disease other than congestion. The appearances of the affected bones are closely similar to those above described, but there is no affection of any joints and the fingers are normal, except for the ordinary "clubbing" of heart disease. The case is thus analogous to those described by Bamberger as osseous lesions in cardiac disease, and, although not quite the same as the hypertrophic pulmonary osteo-arthropathy which we have been considering, it points to the possible importance of mere congestion as a factor in its production.

¹ In a recent communication to the *British Journal of Dermatology*, December, 1890, and January, 1891, and the *Monatshette für praktische Dermatologie*, xi Band, 1890, by Dr. Ludwig Töröts, of Buda-Pesth, and myself. The history of this rare lymphatic disease, with its histology, pathology, and classification, has been given. I therefore do not consider it necessary to repeat the conclusions then arrived at, nor do I think it necessary to follow out the minute anatomy of this case, which almost exactly corresponds with the one we then reported. For full anatomical details I would refer the reader to the description of the sections which were made from the case referred to above. [We may add, for the convenience of readers, that the histology of this disease is described with figures by Mr. Stewart in the *Pathological Transactions* for 1875, in the volume for 1879, by Drs. T. and T. C. Fox, and in that for 1880 by Dr. Sangster.—Ed.]

ones. Between the groups the skin was beset with smaller pinhead-sized lesions, looking like grains of boiled sago beneath the epidermis. All the lesions were fluid in consistency, and by gentle pressure most of them could be obliterated, but they refilled immediately the pressure was removed. On pricking the light-coloured vesicles a transparent fluid, with an alkaline reaction, exuded. Over some of the older lesions the epidermis had become much altered, giving them a somewhat warty appearance.

As to the course of the vesicles when once they had formed, they seemed gradually to increase until they attained the size of a split pea, or larger. They had no tendency to spontaneous rupture. There were no subjective symptoms, and the general health was unimpaired. The size of the affected thigh was somewhat increased, it being about 2 inches larger in circumference, immediately below the seat of the lesions, than its fellow at a corresponding level. Below the knee the measurements were equal in both legs.

The treatment adopted was electrolysis, which has completely obliterated the vesicles on which it was practised. However, having recently (two years after the operation) had an opportunity of examining the patient, I find there are large numbers of minute vesicles in the neighbourhood of the obliterated lesions. These have been developing gradually since the operation, but have never attained a larger size than that of a sago grain. The thigh has resumed its normal size, and is now equal in circumference to its fellow.

SECONDARY HÆMORRHAGE AFTER REMOVAL OF THE TONSILS.

By EDWARD JESSOP, L.R.C.P., M.R.C.S.

ON April 28th I removed the tonsils from a delicate little girl, aged 10. The operation was done with Mackenzie's guillotine, and without any unusual loss of blood. The resulting wound the next day did not appear very healthy, a membranous deposit occurring on each side, but nothing to indicate impending hæmorrhage.

On May 2nd I was sent for at 8 A.M., as bleeding had been going on since 4 A.M. The child was utterly blanched, almost pulseless, and evidently in a very serious condition. Before looking at the throat I had to give brandy, raise the legs, lower the head, and put hot bottles in the bed to bring her round.

On examining the throat the palate was very anæmic; there was oozing from a clot filling up the space between the pillars of the fauces on the left side. Her condition necessitated my staying with her four hours; the continuous sucking of ice and the general anæmic condition stopped the bleeding. Great care was taken of the patient, but at 2 A.M. on May 4th I was sent for as the bleeding had recommenced. The hæmorrhage came from the left side as before, the patient was made to suck ice continuously for an hour, but the bleeding still kept on, oozing from the sides of a clot which had formed. I applied twice a strong solution of perchloride of iron which failed to stop it, so I asked Dr. Sharman, of Hampstead, to give me his assistance. Obtaining a good reflected light from an ordinary lamp I cleared out the clot and applied the perchloride of iron, but the bleeding still kept on, though from no particular spot. I now gave the surface a good scrubbing with dry wool on a holder, and then rubbed in the perchloride thoroughly twice, with the result that the bleeding ceased and did not recur.

The necessary adjuncts to stopping bleeding from this part are good and trained assistance (which I had the advantage of obtaining), good light, and the strong solution of perchloride of iron. Co-operation on the part of the patient is also most necessary; this was especially so in the present case, as the child was not in a good condition to have taken chloroform. I attributed the hæmorrhage to the slough coming away from an unhealthy wound.

MANY Aberdeen graduates will regret to hear of the sudden deaths of Dr. James Ferguson Ruxton and Dr. James Burr. Both these gentlemen died suddenly from affections of the heart. Dr. Ruxton was a man of varied talents who was expected to take a leading position in his profession in the north of Scotland.