opening in the outer air close to the roof; and the main pavilion drain is separated from the main drain by an "S" bend holding four inches of water. Attached to each ward is a patients' day-room, off which is a water-closet and a fixed washhand-basin, the arrangements of which are the same as those just described. In the main corridor, there are four water-closets, for the use of the nurses and servants. The drains of these are trapped in the same manner as the water-closet drain of the wards, but not ventilated. The scullery-pipe, trapped with an "S" bend, passes into the main drain.

In the nurses' dormitories, the water-closet drains are constructed and ventilated as in the wards. In the superior officers' quarters, and in the front administrative block, the water-closet drains are constructed as in the wards, but they are not ventilated.

The water-supply is continuous. In the officers' and servants' quarters, separate cisterns are provided for drinking and for water-closets. In the wards, one cistern serves both purposes.

[To be continued.]

CASE OF DWARFED GROWTH, ASSOCIATED WITH IDIOCY AND CONGENITAL TONIC CONTRACTION OF THE MUSCLES OF THE SPINE AND LIMBS.

By H. G. RAWDON, M.D.,
Surgeon to the Liverpool Infirmary for Children.

THE subject of the peculiar morbid condition to be described is a boy aged $5\frac{1}{2}$ years, admitted into the Liverpool Infirmary for Children on October 15th, 1878. He weighs $10\frac{1}{2}$ lbs., and his height is between 28 and 29 inches, as far as can be determined by measurement. His intelligence is obviously very limited, but not absolutely wanting. He utters no articulate sound. His eyes are large and apparently well developed, yet he is undoubtedly blind. He evidently possesses the sense of hearing. He has all the first teeth, but makes no attempt to masticate his food. The forehead does not recede; and the head is proportionate to the size of the body; in circumference, it measures (over the occipital protuberance and above the eyebrows) 16 inches. He cannot sit up, the back (below the neck) being rigid and arched in the lumbar region from tonic contraction of the spinal muscles, producing a condition resembling opisthotonos. The upper extremities are in a state of rigidity, the shoulder and elbow-joints being fixed; the latter flexed nearly at a right angle. The thumbs are flexed; and the fingers are firmly buried in the palm, and can only be extended with difficulty. The joints of the lower extremities are also fixed, the hips and knees being flexed almost at right angles. The toes are flexed. The limbs on each side of the body are equally affected. The extreme rigidity of the muscles and tendons in connection with the several joints suggests ankylosis; but each joint is capable of a slight degree of motion when a little force is applied. The limbs have a wasted and shrivelled appearance; but the face is not thin; in fact, the child has evidently been well cared for. There is no tendency to rickets. The facial and cervical muscles are entirely unaffected. The sphincters also act naturally. The cardiac sounds are normal, and the circulatory system appears free from defect. He occasionally utters a sound, like an infant several months old. He is by no means a fretful child, but now and then cries lustily. He appreciates being caressed and patted, and, if fretful, he can thus at once be quieted. He also immediately takes notice when called by his name, "Tommy". Occasionally he gives a hearty laugh, quite a natural one for a child.

The child was affected as described from his birth. He was a twin, but only one-third of the size of his fellow-twin, who was an average-sized infant. He cut his teeth naturally at the usual periods. He has had no convulsions or disease of any kind since his birth. He was suckled. The father and mother are healthy, and live in the country; and their children, before and subsequently to the birth of this one, were healthy and well developed.

I have thought the foregoing case might be not without interest to the profession. It certainly seems a curious fact, that I should not have been able to discover any report or notice of a case at all similar to this one; and yet I cannot doubt that such cases have from time to time occurred. The case may, perhaps, be regarded as one of intra-uterine blight; but why or when taking place we can have no means of judging.

THE new hospital at Ménilmontant and the Hôpital Temporaire in Paris are henceforth to be known by the names of the Hôpital Tenon and the Hôpital Laënnec.

CLINICAL MEMORANDA.

HERPES AFFECTING THE INSIDE OF CHEEK AND TONSIL.

IN reference to Dr. Mackenzie's interesting note in the JOURNAL (March 1st), I beg to say that I have seen several examples of the variety of herpes he has described. The inner side of the cheek, gum, and tonsil have been unilaterally affected; but in no instance has herpes zona been present. There was much neuralgic pain, with loosening of teeth, and even sloughing of the vesicles. A short time ago, a little child had a severe attack on the right tonsil, and the mucous membrane of the right half of the roof of the mouth and right gum, with right labial herpes. Her mother had at the same time labial herpes. A lad (aged 12) had herpes of the skin over the lower jaw, severe lancinating pains in the skin of the same side over the upper jaw, and acute tonsillitis, also on the same side. We have had an epidemic of so-called "spreading quinsy" lately, and there can be no doubt, I think, that this disease is a specific herpes of the tonsils; and I have seen scarcely a case without either nasal or ocular or labial herpes, and several were also attended by aural herpes. Herpes is a very remarkable disease, of very obscure pathology, and well worthy of careful investigation. Its almost constant association, in the labial form, with pneumonia is very suggestive. Believing, as I do, that pneumonia in a large number of instances is a zymotic disease, this little vesicular phenomenon rises to great importance. An additional curious fact may be of interest. Two years ago, I had three patients, close together, at the same time: one with herpes zona, another with herpes brachialis, and a third with herpes frontalis. I hope to make a longer communication, at some future time, on the whole subject.

THOMAS COLE, M.D., Bath.

THE interesting case of herpes zoster affecting the inside of the cheek and tonsil, reported by Dr. Ingleby-Mackenzie in the JOURNAL of March 1st, though doubtless a very rare form of the disease, is not unique. On referring to Trousseau's *Clinical Medicine*, vol. v, lecture xvii (Sydenham Society's translation), a full account of the disease, as it appears when the inside of the mouth is affected, will be found. It was first described by Bretonneau and Gubler in the *Union Médicale* for 1858. Trousseau considers that many causes of sore-throat, with exudation, are due to herpes attacking the tonsil and soft palate, and (page 440) gives the following description of the appearances met with: "We see on the tonsils a more or less confluent eruption of red spots, which soon become excoriated. These superficial ulcerations are covered almost immediately with a greyish-white plastic exudation, which, spreading beyond the limits of the ulceration, may become united to ulcerations originating in other herpetic vesicles, so as to form more or less extensive membranous patches." Further on, he relates two cases of herpes of the tonsil, in which the eruption appeared at the same time on the cheek and pharynx.

I think this view of the origin of many cases of sore-throat, with exudation, is not generally held in this country, as it is barely mentioned in our text-books of medicine.

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SURGICAL MEMORANDA.

LUMBAR COLOTOMY AT SEVENTY-TWO YEARS OF AGE.

THE capability of lumbar colotomy, both to ward off impending death and to relieve suffering in a variety of shapes, even when a fatal issue is not immediate, is not fully recognised by the profession. One of my most recent cases will help to show with what little risk to life this operation can be performed, even at an advanced age, and also how existence may be made tolerable afterwards. In August 1878, I performed colotomy in the left loin of a male aged 72, a patient of Mr. Rust of Wethersfield. For some two years, the patient had complained of slowly increasing discomfort in the lower bowel, with gradually and at length distressingly frequent desire to defecate. There was also occasional incontinence of feces. During a few weeks, while the patient was twice seen by me, a malignant growth in the rectum, high up and situated anteriorly, progressed rapidly in all directions, and threatened to protrude at the anus. To put a stop to defecation (itself, when frequent, exhausting); to delay the progress of the growth; to prevent incontinence of feces; and, indeed, to put the rectum in absolute repose, colotomy was performed.

Under the careful treatment of Mr. Rust, our best wishes were realised. After the first twenty-four hours, the patient never uttered a complaint.