ficial effect in the class of cases we are considering. Atropia or belladonna seems also to possess similar powers, but by no means to the same extent; and it has the disadvantage of causing sometimes serious constitutional disturbance even in small doses. Moreover, with an agent so efficacious, and I may add so uniform, in its results as conium, we need not multiply our resources. I may say that I always use the alkaloid *conia* in one-grain doses for a pessary, just as I prefer atropia to belladonna, because the alkaloids are cleaner in use, do not create any dirty-coloured discharge, are smaller in bulk, and are certainly not less effective.

In placing these views before this Society, I would invite the experience of the members present, apologising for the very imperfect way in which my task has been performed. I feel that much more is needed to make the subject clear; and, indeed, this contribution must only be regarded as a fragment of a great inquiry. My principal object has been to suggest thoughts for future workers, and in this respect at least I hope my effort will not be unsuccessful.

REMARKS ON OPERATIONS FOR GENU VALGUM CONTRASTED.

By RICHARD BARWELL, F.R.C.S.,
Surgeon to Charing Cross Hospital.

A CLINICAL lecture by Mr. Arthur Barker (BRITISH MEDICAL JOURNAL, July 5th, 1879) contrasts all the different forms of osteotomy for genu valgum, and, among others, he mentions my procedure. Upon his observations, some remarks are necessary; but they shall be compressed into as small a space as possible, since I intend to read a paper on the subject at the next Association meeting in Cork.

Of my operation, Mr. Barker says: "Its disadvantages are apparent: a double osteotomy where one would suffice, and so increased danger and loss of time; a gap left at the lower end of the femur, to be filled up by material which may afterwards yield, before being quite solid, to the weight of the body."

I must deny that what Mr. Barker calls disadvantages are in any way disadvantageous, unless one may take an additional three weeks of treatment at a period of life when time is not usually of great importance to be of more value than the choice of an operation which succeeds, not by producing a compensating deviation, but by removing the deformity itself. Any supposed increase of danger is, as my numerous cases show, a chimera. I have in no one instance encountered a bad or even a minatory symptom. Surely a subcutaneous, antiseptic, and simple section of a bone must be, even though repeated, safer and less complex than the removal of a wedge. Mr. Barker's last objection, that the material filling my gap may afterwards yield, is a theory contradicted by facts. Such yielding has never taken place.

I contend that my operation, unlike those based on section of the internal condyle, is founded on real physiological and pathological conditions. In 1878, I wrote in this JOURNAL: "I conceive the malady (genu valgum) not as a mere lengthening of the inner condyles, but as an obliquity of the whole lower epiphysis." In support of this view, I will quote from the paper to which Mr. Barker refers.*

"When the femur is concerned in genu valgum, the deformity lies above the condyles, which cannot be materially involved. The bend must be in the epiphysal line" (p. 597). "The epiphysis is not materially affected, and the obliquity lies only in the lower part of the shaft" (p. 298). "We perceive, then, that in genu valgum the deviation of the femur is thus caused; that the unaltered epiphysis lies obliquely on the diaphysis" (p. 599). "In all the specimens of tibiae which I examined, it was demonstrable that the aberration affected only the upper extremity of the diaphysis, and was produced partly by a bend in the upper part of the shaft, partly by an uneven growth of the epiphysal junction" (p. 600). "Genu valgum adolescentium is a distortion situated in the contiguous extremities of the shafts, both of the femur and of the tibia, caused in part by oblique growth of the epiphysal junction, partly by a deviation of the whole end (upper and lower respectively) of the diaphyses. The epiphyses themselves do not materially participate" (p. 600).

Can anything be clearer? The malady lies not in the epiphysis, nor at the inner condyle. If, therefore, a genu valgum, whose causation lies both above and below the knee, be attacked by an operation on the femur only, especially if that operation be directed to the inner condyle

or to some other part of the epiphysis, the surgeon does but substitute one deviation for another. The procedure I advocate is the only one that takes into account the tibia; my osteotomy is performed on the seat of distortion—the shafts of the bones—and corrects their deviation.

OBSTETRIC MEMORANDA.

HÆMATEMESIS IN AN INFANT.

As this condition in infants is of very rare occurrence, it may prove both interesting and instructive to place on record the particulars of a case which occurred recently. On June 17th, I was summoned in great haste to attend an infant, five days old, who had vomited milk mixed with blood, sufficient to stain markedly the dress and sheet. The mother was considerably alarmed, having recently returned from India, and suffered much from fever and ague, almost up to the time of her confinement. She feared the hæmorrhage must be due to some disease of the child's liver or spleen; and, on my arrival, was in a state of intense anxiety at the prospect of losing her infant. The blood was of a bright arterial colour, and gave the impression of having been slowly and thoroughly mixed with the milk. It must have continued flowing during a greater part of the time that the child was sucking, judging by the tint of the vomit. My first thought was to examine the mother's nipples; and there undoubted evidence of blood having been drawn from the left nipple was apparent, the apex being coated over with recently coagulated blood. The explanation was sufficient to allay the mother's anxiety. The employment of an astringent lotion, the use of a nipple-shield, and a little extra care in nursing, prevented any further bleeding. The infant is thriving and healthy, and presents no indications whatever of there having been any internal disorder to account for the hæmatemesis. The mouth was examined at the time, but no trace of any scratch or wound could be detected.

A somewhat similar case occurred a few weeks since at the Lying-in Hospital, which for the time caused much unnecessary alarm, and was also due to an excoriated nipple. ARTHUR W. EDIS, M.D.

CASE OF EARLY WOMANHOOD.

ANNIE D., aged 4 years, was brought to me as an out-patient at the Children's Hospital here, by her mother, who stated that, since the child was two weeks old, she had suffered from a discharge from the genitals, lasting from two to three days, and returning as nearly as possible every month; the character of the discharge being, to use the words of the mother, "exactly the same as from herself, when she was unwell". The child was a fat plethoric little creature, with well developed breasts, as large as are usually found in young women at the age of 16 or 17, after menstruation has become established; at times, according to the mother, they became quite hard and prominent; the nipples were dark, and rather large, over a centimètre long, and standing prominently out in the centre of dark areolæ, two centimètres in diameter.

The external genital organs were well developed, the labia minora being especially prominent. With the greatest ease, I passed my index-finger two inches and a half up the vagina, without causing the child the slightest pain. The cervix uteri was large; and, indeed, the whole organ seemed fully as big as the average virgin uterus at puberty. The front of the abdomen and the back were covered with patches of ephelis. The child was evidently rickety, genu valgum being marked.

The case seemed to me an interesting one, and worth recording; for, excepting the absence of pubic hair, the child was a perfect little woman. Strangely enough, her precocity was confined alone in a sexual direction; for whilst of her own accord her mother had seen her frequently "offer her breast to the baby", yet mentally she did not exceed the capacity of her age. The presence of the ephelis, or *taches hépatiques*, is undoubtedly rare in infants; and in this case, being most likely connected with the advanced stage of sexual development of the child, they enhance the interest of the case.

DAVID DRUMMOND, Physician to the Children's Hospital,
and to the Infirmary, Newcastle-on-Tyne.

BLEEDING IN PUERPERAL CONVULSIONS.

MRS. E., aged 24, a stout thick-set woman (primipara), was taken in labour on June 25th, 10 P.M., and continued having pains all night. I was sent for at 8 A.M. the following morning. Before my arrival at 8.30, a messenger came to meet me, saying that she had just had a fit. I found her recovering from a strong convulsion. I therefore immediately got her under the influence of chloroform; and, on making an examination,

* Langenbeck's *Archiv*, vol. xxiii, 3 Heft. The thesis is founded on a most careful mensuration of thirteen specimens. The table, though headed 17, contains only thirteen examples of genu valgum. For some weeks past I have, as far as my opportunities permit, endeavoured to verify or control Dr. Mikulicz's statements. I find them at present quite indubitable.