sunken look under the eyes to disappear. She also became cheerful, and expressed herself as very grateful for what had been done for her. She seemed so well on the seventeenth day after operation, that she was allowed to sit up in a chair for half an hour, and enjoyed it greatly.

The stitches in the abdominal wall were all removed on the ninth day, and the wound was found to have united by first intention everywhere. It was still supported by broad strips of American rubber plaster in case of straining of any kind.

That the patient has been relieved by this operation, anyone who has watched her can see plainly. That the greater rest secured to the diseased stomach by its new aperture of exit directly into the commencement of the jejunum may lead to a retardation in the development of the growth, there are some grounds for hoping. The food has not now to force itself past the cancerous and ever narrowing pylorus, but can pass easily through the new opening, and so, perhaps, that ulceration of the surface of the growth, which leads to grave complications in many cases, may be staved off. As there is no interference here with the processes of digestion, the secretions of the liver and pancreas mixing as before with the food from the stomach, that slow process of starvation, accompanied by distension of the stomach and frequent vomiting, is prevented, which often renders these cases so painful and distressing to witness; the more so because, in many cases, the process is often very slow.

Finally, I think it is fair to hope that not only does this operation diminish suffering, but it may also materially prolong life by sustaining the vital powers. But, as remarked above, it is too soon to pronounce upon the procedure definitely; we must suspend our judgment for a time. In the meanwhile, one thing may be most decidedly deprecated, namely, undertaking such a measure in utterly desperate cases where the patient is *in extremis* and unfit for any prolonged operation of any kind.

It is now more than a month since the operation, and still the patient continues well. She has suffered a little from constipation on one occasion, but has been relieved by enemata, and, to prevent this trouble recurring, is now taking small doses of laxatives. She sits up every day for some hours, after being confined to bed for more than five months. Her pulse is 78, her temperature normal, her bowels acting well, and altogether she is much improved and cheerful.

CYANOSIS IN NEWLY BORN CHILDREN CAUSED BY ANILINE MARKING INK.

By W. RAYNER, M.R.C.S.,
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EARLY one morning, in July last, the night nurse of the Marylebone Workhouse, on going round the lying-in ward, noticed that one of the infants looked, as she said, "very blue and queer." The mother, with whom the child (a week old) was sleeping, was fast asleep, and the nurse thought the child must have been overlaid; but as the lividity remained, I was sent for.

I found the child apparently just recovering from asphyxia. The lips, gums, and palate were of a wimberry colour, and the whole surface of the body was dusky. The blueness did not, however, decrease, although the child was quite roused and lively. The breathing was quite natural, there was no sickness or diarrhoea, the temperature was normal, and the child had taken the breast well before the mother went to sleep.

On looking round the ward, four other children were found to be affected in the same way, though not to quite so great an extent at first; and during the next three days five more infants were similarly affected. They all took the breast well, and, except for colour, seemed as bright and healthy as any children under a fortnight old usually are. The cases were not all in the same room, nor on the same story; they lasted about a week, and all recovered. The drainage was fully examined, and found to be in good condition. Then the milk supplied to the mother was inspected, it being thought there might be something to affect the children, though the mothers were quite healthy and unaffected, more especially as it was remarked that the milk served out on the previous day had been much yellower than usual. Consequently, inquiries were made at the dairy and farm, but without finding any likely cause, and no other customers had complained of anything of the kind. Next, inquiry was made at Queen Charlotte's Hospital to find out whether they had experienced any like outbreak, but they had not then, or at any time.

Several of my medical neighbours were kind enough to come and see the cases, but could not assign any cause. The epidemic gradu-

ally faded out, and there was nothing more of the kind until last December, when again the same kind of epidemic appeared, and this time seven infants were attacked, the mothers, as before, doing perfectly well, and the children only having the breast.

The midwife was asked to very carefully think over what could be in common between the two attacks and unusual during the interval. She could think of nothing except that she had just got a fresh supply of napkins, and fancied she had a new supply in July also, but was not quite sure of this latter fact. As the napkins were made out of old sheeting, this did not seem to help us much; but, on examining one of the cyanosed infants, a counterpart of the stamp of the workhouse (a $4\frac{1}{2}$ inch oval) with which the napkins were all stamped was observed on its buttocks and vulva; and although the marking-ink was stated not to be an aniline preparation, it was suspected; and, on being analysed by Mr. Greenish, of New Street, was found to be a chloride of aniline.

It came out, on inquiry, that the napkins had not been washed after being newly stamped, as they had generally been, before use; and it was observed that the cyanosis gradually died away after the napkins had been washed, and then none of the dye came off.

A fortnight later, all the affected children had recovered or gone out. A freshly stamped napkin was used for a strong healthy infant, and this became cyanosed in less than twenty-four hours.

CLINICAL MEMORANDA.

METASTATIC RHEUMATISM.

THE following note was handed to me by a professional friend in the East; and, as the combination or complication it portrays is at least rare, I reproduce it, without comment, in the *ipsissima verba* of its author, and will only add that I have not myself seen anything like it in my own practice up to date.

"I return your paper on Metastasis, etc., and will give you, in return for the pleasure the perusal of it has caused me, a bit of my own experience on the point. Whenever I am attacked with rheumatism—an old friend, by the way—I invariably suffer from a gleet; it is, indeed, almost my first symptom, and it is always accompanied by excessive irritability of the bladder. As soon as the gleet begins to subside, my irides become involved, and this sometimes to such an extent as to deprive me for a time of accurate vision. The disease, or whatever else it is, having exhausted itself on these structures, migrates to the joints, whence it retires, by resolution, in the usual way." WM. CURRAN, L.R.C.P. Edin., etc., Auriol Road, W.

OBSTETRIC MEMORANDA.

CASE OF LABOUR WITH KYPHOTIC PELVIS.

I was called on January 3rd, 1886, to M. E., aged 23, pregnant for the first time, a patient of the Royal Maternity Charity. There was angular curvature involving the vertebræ from the ninth dorsal to the last lumbar, the most prominent part of the spinal column being at the third lumbar spine. There was no appreciable lateral curvature. The patient had been in labour for thirty-six hours, and the midwife had given ergot. The uterus was in a state of tonic contraction, and projected nearly horizontally over the pubes. The head was in the pelvic cavity, forced down so far, that the most advanced point of the scalp was about an inch within the vulva. The caput succedaneum was of such size, that it was impossible to feel the sutures. The external conjugate measured 7 inches; the distance between the iliac crests was $10\frac{1}{2}$ inches, and between the anterior superior iliac spines 9 inches; the measurement between the tubera ischii was 3 inches, the antero-posterior diameter of the outlet 4 inches. The cephalotribe was used, and the child delivered. The blades of the instrument, applied in the sides of the pelvis, were found to have seized the head, the left just behind the left mastoid process, the right just behind the right malar bone. The conjugate and the transverse diameter of the brim were discovered, after delivery, to be each more than 5 inches. The child measured $20\frac{1}{2}$ inches in length, and weighed (exclusive of squeezed-out cerebral matter) $6\frac{1}{2}$ lbs.

The case is published on account of its bearing on the mechanism of labour in the kyphotic pelvis. The head was exactly in the usual first position in the pelvic cavity, so that the peculiar shape of the pelvis did not seem to have modified the manner in which the head entered the pelvis. The mode of passage of the outlet is not illustrated by the case, as the cephalotribe was used.

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