resembling severe measles, with areas of fully developed urticaria between the macules. The backs of the wrists and hands were a mass of large discrete papules. The papules on the scalp were already pustular. The rest of the skin of the body was covered with an intense erythematous rash, scarlatiniform in character but of a darker red colour; scattered over the back and legs were islands of unaffected skin, thus differing from the uniform blush of a true scarlatina. The ears were very swollen with inflammatory oedema, and bathed with a profuse watery exudation which hung on to the lobes and helices in large drops. The conjunctivae were injected, lacrymation and photophobia being very distressing. The fauces were congested. There was a very marked general adenitis, the axillary glands being as large as pigeon's eggs and very tender. A moderate amount of albumin was present in the urine.

On September 5th the temperature was 104°, and the vomiting was relieved, but otherwise the condition was about the same. On September 6th the temperature was 101°; he was much improved, and the rash less pronounced. On September 8th the temperature was 99°; the whole face was much swollen and oedematous, the eyelids so much so that the eyes could not be opened and appeared as mere slits. The scalp was pustular. On September 9th the temperature was 102.8°, and the exudation from the face profuse; the rest of the body scaly.

On September 11th he had severe diarrhoea (ten motions during the night). The temperature was 100° F. On September 13th the face was much improved. From the rest of the body there was abundant desquamation of branny flakes and scales of large size; the exposed skin being smooth and pink, with the dull glazed appearance so peculiar to these cases.

On September 14th the temperature was 100°, and an extensive papulo-pustular eruption suddenly developed on the chest, abdomen, back, and forearms. This eruption was pustular at the onset. On September 16th diarrhoea was very severe (thirteen motions during the night). A small bed sore developed on the right hip, and there was inguinal adenitis. On September 24th the face was dry and scaling and the rest of the body almost clear.

A moist papular eruption appeared on the lower abdomen, but on October 8th the skin was almost clear, with the exception of the scalp, which was covered with a mass of thick dry silvery scales very difficult to remove. There was neither atrophy nor infiltration of the skin, the only remains of the dermatitis being a very faint brown pigmentation.

On October 16th yellowness of the conjunctivae was quickly followed by general icterus. The urine was acid and bile-stained, but contained no albumin. The stools were paler than normal, but not typical clay-coloured. Gastric symptoms were absent, and nothing was complained of beyond occasional headache.

The jaundice had cleared on October 28th and recovery was quite complete.

A blood test on October 8th gave a negative Wassermann reaction. In spite of the severity of his illness the patient's general condition remained good throughout; the loss of weight was 1 lb. only.

Treatment in the acute weeping stage consisted of applications of lint soaked with a lead-zinc oxide and starch lotion previously warmed; it was changed as often as the lint became dry. An ointment of similar composition was substituted when the exudation dried up; any relapse from dryness to moisture was dealt with by prompt recourse to the lotion. Daily warm baths were very soothing; sodium bicarbonate was added to the water. A mixture of potassium citrate and antimonial wine was given three times a day.

A strict diet of warm milk, milk and soda, with large quantities of barley water, was given in the acute stage. Eggs and meat extracts were avoided at all times.

The points of interest in this case appear to be:

1. The occurrence of so severe a dermatitis and toxæmia after the administration of only 1.9 grams of novarsenobillon.

2. The high temperature recorded—105° F.

3. The simultaneous occurrence of three distinct types of eruption—maculo-papular, scarlatiniform, and urticarial.

4. The marked general adenitis at the onset, present before the lesions, other than the scalp, had become pustular.

5. The negative Wassermann reaction of October 8th; that on July 24th, before treatment commenced, being strongly positive.

Colonel Harrison, Officer Commanding Rochester Row, commenting on arsenical dermatitis in general and on this case in particular, expressed the opinion that it is by no means the severity of the skin affection which determines the prognosis; his idea is that the skin is a sort of reflex of the intestinal and lung alveolar linings, and that with a mild dermatitis there may be severe internal complications with disastrous results, and vice versa. Reflecting on my own experience of past cases this conclusion seems to be very true.

I beg to thank Lieut.-Colonel Smith, R.A.M.C., Officer Commanding New Bridge Street Military Hospital, for kind permission to publish this case.

PREGNANCY COMPLICATED BY VOLVULUS OF THE SIGMOID FLEXURE, CAUSING INTESTINAL OBSTRUCTION.

BY

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The following case is of sufficient interest to warrant publication, on account of its rarity:

The patient, aged 36, was in the thirty-seventh week of her first pregnancy. There was nothing of importance in her past history, except that she had always suffered from constipation; and nothing abnormal occurred during the pregnancy until October 16th, when the patient states that she slipped in the street, recovered herself without actually falling, had a pain in her side, and thought she had strained a muscle. Three days later she sought medical advice, as the bowels had not acted since the above incident.

Her doctor stated that when he saw her she had intermittent pain, and he therefore examined her to see if labour had started. No evidence of uterine contraction or dilatation of the cervix was found; and he treated her with aperients and enemata without, however, any result, and no flatus was passed.

Two days later my colleague, Dr. Barris, was consulted; he diagnosed intestinal obstruction, and sent her into the maternity ward, St. Bartholomew's Hospital, of which I then had charge. The patient did not look very ill; the temperature and pulse were normal and there was no vomiting. She had all the signs of pregnancy, but, in addition, the abdomen was very much distended, especially in the upper half. The whole abdomen was tender; the upper part of the uterus was to some extent obscured by the distended bowels, and the whole organ much displaced to the left. The fetus was found to be in the L.O.A. position, and no obstruction could be felt in the pelvis, either by vaginal or rectal examination. I decided to operate at once, and opened the abdomen.

A small quantity of free fluid was found, which proved to be sterile. It was quite impossible to examine the intestines before emptying the uterus, so I performed Caesarean section, and after this was complete, kept the uterus well out of the abdomen whilst examining the intestines.

The pelvic colon, the transverse colon, together with a large loop of small intestine, were found to be much distended. Further investigation showed a volvulus of the sigmoid flexure, involving also a large loop of small intestine. The volvulus consisted of one and a half twists, but was not sufficiently tight to have caused any gangrene of the intestine. After untwisting the bowel, I spent a considerable time in emptying the colon through a rectal tube, as I was very anxious not to open the bowel. By this time the anaesthetist considered the patient's condition was critical, so I closed the abdomen without anchoring the colon to the abdominal parietes. The operation lasted forty minutes. The patient and the baby made an uneventful recovery.

On looking up the literature, I find an account of 8 cases collected by Dr. Lampe, and published in the *Monatsschrift für Geburtshilfe und Gynäkologie*, vol. 29, 1909. Of these, 2 only recovered, 6 having been operated upon; the other 2 died without operation. Another case is reported by Dr. Schmidt in 1914 (*Medical Review*, Bergen), and in this case recovery took place.

THE Washington University School of Medicine, St. Louis, has been granted £30,000 by the General Education Board on condition that an equal amount is raised by subscription. This fund of £60,000 is to be applied to the endowment of the department of pharmacology.