vault along the posterior uterine surface. In this way everything could be done by sight, and adherent intestines, if necessary, snipped away from the uterine tissue. In all his cases he had no difficulty in seeing exactly what he was doing. He did not think the operation a good one when the uterus was adherent to the front of the sacrum; he preferred abdominal section for such cases. The incision in the posterior vaginal vault as practised by some was inconvenient, owing to the greater length of the posterior vaginal wall. With regard to the treatment of the tubes, in about 900 operations on the tubes he had found it was the exception for

Fig. 5

both tubes to be diseased. One could usually be preserved, and at the same time the ovary on the same side. He considers true conservative surgery to consist in the removal of only what it was absolutely necessary to remove. Even where both tubes were diseased, such as in hydro- and hæmatosalpinx, they could be emptied of their contents and yet preserved. The question of the simultaneous removal of the uterus was not yet settled, and he awaited further experience. Dr. Martin preferred a vertical to a transverse incision, as it displays the parts better, and there was less risk of tearing the uterus. He had formerly used silk and silver wire sutures, but had now entirely abandoned them in favour of juniper catgut, which he used for nearly all his work.]

RECRUDESCENT OR LATE RICKETS.

By EDMUND CAUTLEY, M.D.,

Physician to the Belgrave Hospital for Children.

It is generally assumed that rickets is a disease of early life only, developing during the period of the first dentition. Even such a great authority as Charles West states that he has never seen the disease commence later than 3 years of age, although he has known the symptoms become more and more grave up to the end of the fifth year. Sir W. Jenner in his classical Lectures on Rickets refers to the case of a boy in whom the symptoms did not manifest themselves until he was a little over 3 years of age, and the case of a girl, aged 9,

just beginning to suffer. In more recent years well-marked cases have been described, occurring even at a later period of life. Drewitt showed, at a meeting of the Pathological Society in 1880, a boy, aged 10, in whom the disease was well marked. The committee appointed to investigate the case came to the same conclusion, and two years later, when the boy died, the usual signs of rickets were found in the bones. Clutton¹ gives details of a case in a girl, aged 12, in whom the symptoms had been present for twelve to eighteen months, no deformity having been previously noted. She was backward as a child, dentition delayed, and did not walk until aged 3½ years. Mammæ were well developed, and catamenia had been present for four months. The chief characteristics were great enlargement of the epiphyses, extreme bowing of the legs and exaggeration of the clavicular curves. He refers also to a case under Mr. Pitts; a girl, aged 14, who had been treated as an out-patient four years before for flat foot. At that time no rachitic changes were noted. The disease came on gradually at the age of 12, and more rapidly during the six months previous to coming under treatment. No history of rickets in infancy; she walked at the age of 12 months, and could run six months later. The chief characteristics were general epiphysal enlargement, extreme distortion of the legs, genu valgum on the right side and genu varum on the left, poor nutrition, stunted growth, and absence of sexual development.

Ransford² records the case of a girl, aged 14, in whom the epiphyses were enlarged and genu valgum ensued. Palm³ refers to a girl, aged 6, who came under the care of Mrs. King at Pekong for well-marked rickets. The bones became straight, and a lateral curvature disappeared in the course of four months' hospital treatment. Duplay⁴ mentions a girl, aged 17, with the radius and ulna of each side affected.

Barlow and Bury⁵ refer to two cases in which there were very active manifestations at the age of 11, and which proved *post mortem* to be undoubted rickets. In one case certainly, in the other probably, there had been previous infantile rickets. The authors regard the cases as remarkable recrudescences of the disease.

The present case is closely allied in character to the cases of Barlow and Bury, and the photographs of their patients resemble remarkably the photograph of the present patient. The following are the notes of the case:

M. T., female, aged 11, came under my care in June, 1895, for anorexia, vomiting, and feverishness of one week's duration.

Family History.—Older and younger children are strong and healthy.

Past History.—This is somewhat imperfect on account of the mother having recently deserted the family. Measles and chicken-pox at the age of 4; an elder sister states that the disease first commenced at the age of 4, that the child has never been able to walk well, and latterly has been unable even to stand.

Present Condition.—Head dolichocephalic; receding small forehead, a little prominent in the middle line; skull asymmetrical, the right parieto-occipital region being somewhat flattened; flattened vertex; sutures and fontanelles all closed; eyes wide apart; bridge of nose flattened; dilated nostrils; prognathos; upper jaw a little beak-like in the middle line, being elongated antero-posteriorly; palate not highly arched; teeth up to date, gums receding, and lower central incisors loose; earthy complexion; anæmia. Chest flattened laterally below the level of the nipples; marked beading, especially of the fourth to seventh costo-chondral joints, prominence of the angles of the ribs behind; Harrison's sulcus not present; no heart or lung disease detected. Abdomen large and doughy; flabby muscles, flatulent distension; enlarged liver and a little enlargement of the spleen. Back arched. Upper limbs: exaggeration of clavicular curves; scapulæ normal; humeri small, epiphyses enlarged; great enlargement of radial epiphyses on both sides; old greenstick fractures of the radius and ulna on each side, most marked in the ulna, especially on the left

¹ St Thomas's Hospital Reports, 1884, vol. xiv

² BRITISH MEDICAL JOURNAL, 1887, i, 1213.

³ Practitioner, vol. xlv, 1890, pp. 275 and 320

⁴ Gaz. des Hôpitaux, Paris, 1891, p. 1397.

⁵ Keating's Cyclopædia of Diseases of Children, vol. ii 235

side at the junction of the upper with the middle third; on the right side the fracture is situated about the middle of the shaft; much radial deflection of both forearms; marked enlargement of the distal ends of the metacarpal bones of the fingers and the proximal end of the metacarpal bone of the thumb; phalanges normal. Lower limbs: Pelvis distorted; shafts of the femora curved antero-posteriorly; the lower epiphyses of the femora and the upper ones of the tibiae and fibulae are much enlarged, while the lower epiphyses of the two latter bones are even more enlarged proportionately to their size; shafts of the tibiae are flattened, much "but-tressing;" marked genu valgum, especially on the left side; the deformity of the two legs differs somewhat (*vide* illustration); the antero-posterior curvature is most marked in the lower third; feet were affected.

M. T., female, aged 11, suffering from recrudescent or late rickets. (From a photograph.)

General Condition.—A small, stunted child with flabby, ill-nourished muscles, and considerable anæmia; mental condition a little backward for her age.

Course.—For sixteen days the temperature was irregularly raised, sometimes reaching 102° to 103° F., although no cause could be found except the rickets. Subsequently the child steadily improved and gained weight.

Condition Four Months after being First Seen.—The child is a much better colour, stronger, and has gained flesh considerably; is able to stand and walk. The enlargement of the epiphyses has very much diminished, and at the lower ends of the forearms is hardly noticeable. The beading of the ribs

has practically disappeared. The legs are a little less bent, abdomen very large and prominent.

I have called this a case of recrudescent rickets for the reason that the disease was present at an early age, although apparently it did not commence as soon as is usually the case. From the age of 4 to 11 the deformity has been present and increased, and is still present in a very marked degree. The signs and symptoms of recrudescence consist in the marked enlargement of the epiphyses, an enlargement which has practically disappeared while under treatment; a corresponding increase and diminution in size of the beads on the ribs; the irregularly febrile temperature, and the muscular flaccidity and wasting. It differs from some of the cases recorded as cases of late rickets in that the disease does not appear to have at any time subsided since the date of onset, although no doubt it has remained quiescent. Of the cases referred to by other writers it is a curious fact that all, except one (namely, Drewitt's), are of the female sex. Judging from an isolated case like this one, I am inclined to regard cases of late rickets as recrudesences of the disease rather than as the development of the disease in a subject previously unaffected.

ENLARGED THYROID: DISAPPEARANCE OF GLAND FOLLOWED BY MYXŒDEMA.

By T. F. HUGH SMITH, F.R.C.S.,
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The patient, H. C., was born in Kent. Her paternal grandfather and a paternal aunt both died "dropsical." Her father died, aged 56, from endocarditis. Her mother's father and two uncles died with "dropsy." Of the patient's own brothers and sisters, six died in infancy; of two brothers living, one suffers from rheumatism and alopecia. The family came out of Norfolk into Kent.

H. C., aged 26, enjoyed good health until she was aged 17, when enlargement of throat and prominence of eyeballs were noticed. There was also present a hurried jerky manner both in speech and in the movements of the limbs. About this