A MARKED CASE OF OSTEOMALACIA OCCURRING AT THE AGE OF 18.

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THE following very exaggerated case of osteomalacia came under my care a short while ago, and for many reasons, I think, deserves notice. The case was that of a young woman, Brahmin by caste, about 18 years of age, who, according to the custom of this country, was married at the early age of 8, and three years later had gone to her husband's house and cohabited ever since, that is from the age of 11. At the age of 14 she gave birth to a female child, from all accounts perfectly healthy, and at the time the mother suffered in no way. She had always up till then enjoyed excellent health,

Fig. 1.—Front view.

and came of a healthy family,* a fact attested by both her parents and husband. The onset of the symptoms appears to have been very insidious, and she seems to have suffered a great deal from pains of a rheumatic character. The condition of the patient when seen by me was pitiable in the extreme, the deformities being so general and abundant as to prevent her even from standing; they can be better appreciated by glancing at the two accompanying photographs of her, which were taken by me on the spot, giving both the front and lateral aspects of the unfortunate cripple.

On examination of the patient the spine showed marked cyrtosis, and was affected more or less along its whole extent. The pelvis showed marked prominence at the symphysis, indicating that the horizontal rami were approximated—in fact, was a specimen of the rostrated malacosteon variety—and, doubtless, had I had the opportunity of examining the patient's pelvis internally, it would have confirmed the external diagnosis. The bones of the head were unaffected, as were those of the upper extremities. The clavicles showed marked deformity, the right one more especially, it being bent nearly into a semicircle, and semi-dislocated in consequence. The lower ends of the femora and both tibiae were

also extremely deformed, with more or less outward dislocation of the patellae, a direct result of the deformities induced by the disease. The bones were soft and tender, eliciting considerable pain on pressure; and the urine contained on analysis a fair amount of phosphates. The muscles generally showed signs of atrophy (due to want of use probably) in all the limbs affected, giving the body a very emaciated kind of appearance.

The chief points of interest in this case are: First, the early age, namely, before 18, at which the disease manifested itself; secondly, the exaggerated stage at which seen; thirdly, that the disease occurred after the first pregnancy; and, fourthly, that there were not, nor had there been, any fractures of bone, notwithstanding the exaggerated stage the disease had arrived at and the extent of the deformities. I attribute this probably to the fact that the disease occurred in such a young subject at a time of life at which the bony

Fig. 2.—Side view.

skeleton was yet immature, and hence the chance of fractures occurring was minimised.

I think that the rarity of the disease and the peculiarities present in this case are sufficient excuse for my having brought it to the notice of the profession.

LARGE SPINA BIFIDA: EXCISION: RECOVERY.

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E. H., aged 2 months, was first seen by me on July 1st, 1894. He had a large ovoid tumour over the sacral region which measured 8 inches across in its longest diameter and 16 inches in circumference. The tumour at birth was only about half the size, but had been rapidly increasing. I explained the nature of the case and its risks to the parents, and received permission to do whatever I thought best. The child was admitted into the Royal Victoria Hospital on July 6th, and the tumour tapped by passing a curved aspirator needle through sound tissue an inch from the margin of the tumour. When the contents were evacuated it was ascertained that

the opening into the spinal canal was just large enough to admit the tip of a finger. Pressure was applied by means of broad bands of strapping pads and bandages; but, in spite of these, the tumour had refilled in twenty-four hours.

On July 17th chloroform was administered by the house-surgeon, Mr. Livesay, and, assisted by Dr. Lys, I excised the tumour. An elliptical incision was made on each side of the tumour, meeting above and below, and the skin was dissected away from the sac wall on each side. This was a matter of great difficulty, as the wall was so thin and its components adherent. Once the sac was punctured and the hole closed with pressure forceps. The sac was then dissected down until the pedicle was only about an inch across. A ligature of stout silk was passed round the pedicle and the sac opened. The interior had the characteristic ventricular appearance. No nerve loops were seen, but a bunch of whitish tissue seemed to terminate in the sac and was enclosed in the ligature. The ligature was tightened and the tumour removed. The pedicle immediately began to bulge, and while

Fig. 1.

Fig. 2.

we were looking the ligature slipped off, a quantity of fluid escaping. This fluid was allowed to run for a minute, and then the pedicle religatured by snipping a groove round the pedicle with scissors, and using a finer ligature. The two elliptical flaps being found redundant were shaped with scissors, brought together in the middle line, and secured with nine deep silkworm-gut sutures, one of which was made to include the pedicle superficial to the ligature, so as to act as a further security to the ligature. The wound was powdered with a mixture of iodoform and boracic acid, and a dressing of double cyanide gauze and cotton wool applied with a bandage. Owing, probably, to the bandage being applied too tightly, the child, who up to this point had taken the anæsthetic well, suddenly stopped breathing and became cyanosed. The bandage was at once loosened, and the child, after artificial respiration and the application of cold water and other restoratives, soon recovered. Owing to the wound being so low down it was a matter of some difficulty to keep the dressings sweet; the wound, however, closed by first intention, and all the stitches were removed on the eighth day.

Since the operation the child has not had an unfavourable symptom, and now, nine months after the operation, is in perfect health. I am indebted to my colleague, Dr. Marriner, for the photographs taken both before and after the operation.

THREE CASES OF INOCULATION OF TUBERCULOSIS FROM TATTOOING.

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THE comparative rarity of inoculated tuberculosis is sufficient justification for our bringing the following cases before the notice of the profession:

H. N., aged 15, died on October 21st of advanced phthisis. A short time before his death he tattooed his brothers W. N., aged 13, and A. N., aged 10, using Indian ink, rubbed up with his saliva in the palm of his hand. He also tattooed J. H., aged 15, a friend, but there is no direct evidence in this case that saliva was used, although the patient states that he may have done so.

The following is a brief abstract of the notes of the cases:

CASE I.—W. N. was tattooed on the flexor surface of the right forearm, the design being a heart crossed by two flags with a rose below. The accompanying figure is a fair

representation of the arm when first seen on November 12th, five weeks after inoculation. The pustules scattered over the front of the arm were said to have appeared only after the application of a poultice. The rose was the seat of the principal lesion, and consisted chiefly of a mass of pustules; the remaining part was scarred and covered with white scabs.

CASE II.—A. N. was tattooed on October 11th with the same design, but without the rose. On November 12th, a month after the operation, the pattern, especially the flags, was raised and covered with scabs. Pus was escaping at several points.

CASE III.—J. H. was tattooed on October 18th, and was first seen on November 7th, three weeks after the operation. The design, which was similar to that in the last case, was raised, indurated, and covered with scabs. He did not appear again for a week, during which time he had assiduously applied poultices to the arm. On his reappearance the scabs had come off, leaving in lines of the pattern deep ulcers with hard, round, smooth edges and granulating bases. The whole design was raised, and surrounded with an erythematous border. The second figure shows the appearance of the lesion in this case.

In all the cases there was enlargement of the epicondylar and axillary glands. The general health of the boys did not