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