Time of Treatment.	Fat.	Milk Sugar.	Proteids.
First week	2.40	5.75	0.90
Second week	2.50	5.75	0.95
Third week	2.60	6.00	1.00
Fourth week	2.75	6.00	1.20
Fifth week	3.00	6.20	1.30
Sixth week	3.10	6.30	1.30
Lowest initial percentages..	2.00	5.00	0.45
Highest	4.00	7.00	1.00

This system has only recently come into general use, though for three years it has been going through the experimental stage, and it is too soon to draw any wide conclusions. It may be said, however, that it is now used in every American city, and there is a remarkable unanimity in the testimony to its value; and the process is so well established that the same methods of exactness are employed which prevail in any manufacturing concern.

Statistics pretending to show the value of any clinical method are notoriously untrustworthy, yet this much may be said: the use of this modified milk has proved to be the surest way of reducing infant mortality, which is known to American physicians at least; and men who have to do with children bring to their work a new zeal born of experience and knowledge.

This milk supply is a purely commercial transaction, as much so as a chemist's business, and no one now contends that a physician can carry on the operations of a manufacturing druggist. The cost is about 30 cents. per day per child, the same amount of raw milk being about 10 cents. On the other hand, the funeral expenses in public institutions of each child is about three dollars, and there are other considerations as well which make its use a matter of economy. The cities of New York and Boston have contracted for a supply of this milk to be delivered gratuitously during the summer in the poor quarters, so convinced are the authorities of its utility.

Lastly, the process meets with the approval of those who bear children. It is spreading to the smaller towns, and the venture is an unqualified commercial success.

A CASE OF ACUTE SPREADING GANGRENE TREATED WITH ANTISTREPTOCOCCUS SERUM.

By ERNEST A. T. STEELE, L.R.C.P.LOND., M.R.C.S.ENG.,
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J. H., female, aged 1½ year, was admitted to the Day Nursery and Hospital for Sick Children, Plaistow, on June 22nd, 1896, with the following history:

On June 2nd she burnt herself on the calf of the left leg with a red-hot poker. The burn was dressed with linseed oil by her mother, but would not heal, and the child's health became impaired; she became pale and languid, and refused food.

On June 18th she was sick, and her mother noticed a red spot on the centre of the forehead, and at the same time a small abscess formed on the left lower eyelid. By the next day the spot on the forehead was "as large as a shilling," and had turned black in the centre, and the child was very feverish. An offensive discharge from the left nostril was noticed.

On June 22nd, when admitted there was a gangrenous patch on the forehead as large as a five-shilling piece. Around the edges of the patch the skin was inflamed and undermined, the gangrene extending more rapidly in the subcutaneous cellular tissue than in the skin. The centre was in a condition of moist gangrene, and crepitated when touched, owing to gas in the tissues. The accompanying photograph, which was taken on the following day, gives a good idea of the appearance of the child, and the extent of the disease.

The child's general condition was very bad. The temperature was 101.8°, the pulse 120. Her mother said she had had a shivering fit before admission. Her skin was hot and dry, and of a sallow colour, and she was very drowsy and irritable.

The edge of the left lower eyelid was ulcerating, and covered with grey sloughing granulations. There was considerable offensive sero-purulent discharge from both nostrils.

On the left leg where she burnt herself was an ulcer 1½ inch long by 1 inch broad, its surface covered with grey sloughs, and in places were cup-shaped depressions where the ulceration was extending into the deeper tissues.

Under an anæsthetic the edges of the gangrenous area on the forehead were clipped away with scissors to expose the whole extent of the mischief, and then every particle of unhealthy tissue was clipped away until a healthy raw surface was reached. Pressure was applied to stop bleeding, and the surface mopped repeatedly with nitric acid. The ulcers on the eyelid and leg were scraped with Volkmann's spoon, and treated with the acid.

On the evening of the same day the temperature had dropped to 97.4°, but on June 23rd reached 101.8° again, and the gangrene had recommenced on the upper edge of the forehead wound. An anæsthetic was again given, and the clipping and cauterising process repeated.

On the next two days there was no return of the gangrene, but the temperature remained elevated. On June 26th the ulcers on the leg and eyelid began to slough, and were again scraped and cauterised with pure carbolic acid. The next day the child's condition was about the same, but on June 28th she was much worse; the left side of the forehead wound was becoming gangrenous, and a portion of the base under the nitric acid eschar was affected. The eyelid and leg were also sloughing, and her general condition was very bad. She was sick. The temperature was 102.8°; and the pulse 130, weak and irregular. She refused nourishment. An injection of 5 c.cm. antistreptococcus serum was given, and brandy and liq. strychnina given internally. No further local treatment was adopted.

On June 29th the morning temperature was 100.8°, and the change in the appearance of the wounds and ulcers was very marked: the gangrene had ceased to spread in the forehead, and the phagedænic process in the ulcers had stopped. In the evening the temperature rose to 103.2°, and a further injection of 5 c.cm. of serum was given.

From this date the child's progress was steadily towards recovery, although on July 4th suppuration took place in the right elbow joint. This was incised on July 7th, and the joint drained. The eyelid and leg healed rapidly, and the discharge from the nose ceased. On the separation of the eschar on the forehead a large surface of bone was laid bare, but this has now granulated over. She is now quite well.

REMARKS.

The sudden and striking cessation of the gangrene and phagedænic ulceration after the use of the serum was a most noticeable feature in this case, and can, I think, only be attributed to the action of the serum. Another point was the immediate improvement in the child's general condition, for

although the temperature remained high for three days after the injection she began to take her food well, and to take notice of her surroundings, etc., which she had not done before. The serum used was prepared by the British Institute of Preventive Medicine. A scrap of the tissue from the edge of the skin adjoining the gangrenous tissue was sent to the Clinical Research Association, who reported that large numbers of streptococci were present.

A CASE OF HEMICEPHALIC MONSTER.

BY

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On September 16th, 1896, Mrs. R., aged 25, a tall well-developed woman, a primipara, summoned us about 4 A.M., as she was in labour. On arriving it was found that the membranes had ruptured at 9 P.M. the previous evening; since that occurrence there had been a few occasional weak pains which had entirely ceased, and a good deal of loss. On examination both feet were found presenting in the vagina.

The patient being a very nervous woman and the parts small, chloroform was administered and traction made on the feet; descent occurred as far as the knees, but although strong traction was kept up for some time, no further progress took place. The anæsthetic was lessened, and the thighs and pelvis of the child allowed for a time to act as a dilator. After an hour the parts relaxed somewhat, and on making traction again the child was born without much difficulty.

Until the level of the shoulders was reached the limbs and trunk gave one the impression of belonging to a normal child, but there was no resistance at all in delivery of the head as one would expect in a foot presentation; in fact, as soon as the shoulders had reached the pelvic outlet the child was born.

On looking at Fig. 1 it will be observed that the head is flattened, the summit being not more than $1\frac{3}{4}$ inch above the upper border of the sternum, and the chest wall seems to be

Fig. 1.