(c) In ascertaining the position of the arms in the uterus as soon as the child is born as far as the umbilicus.

(d) In the delivery of the after-coming head, with special reference to the pushing up of the occiput and placing the fingers well inside the mouth of the child before delivery.

We wish to express our deep obligation to the Committee of Queen Charlotte's Hospital for the use of the above statistics, and our sincere thanks to Mr. Aleck Bourne for his generous help and advice in preparing this paper.

LUMBAR RIB OF UNRECORDED TYPE.

BY

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On September 26th, 1925, a member of the city fire brigade attended sick parade and stated that on the day previous, whilst practising with a jumping sheet, he had injured his back. He also stated that on November 25th, 1922, he had fallen into one of the dry docks in the city and had injured the same place as well as his left upper arm.

He was seen at that time by my predecessor, Dr. J. Wright Mason, who ordered his left arm to be x-rayed, for

the reason that he complained more of the injury to this than to that of his back. The x-ray photograph showed nothing abnormal, and after a lapse of a few weeks he returned to full duty.

On examination I found that he had a very tender point corresponding to the transverse process of the fourth lumbar vertebra, but both Dr. David Hyslop, my assistant, and I were of the opinion that he had ruptured some of the muscular fibres of the erector spinae at that point. I

strapped him up and he got a certain amount of comfort, but the pain did not disappear so quickly as I had anticipated, and as he still complained of acute pain at the one particular point—namely, the fourth lumbar vertebra—I decided to have this x-rayed.

The condition displayed was a lumbar rib arising from the transverse process of the third lumbar vertebra; it curved down and fused with the transverse process of the fourth lumbar vertebra on the same side. It was also seen in the x-ray photograph that there was a fracture of this rib close to the transverse process of the fourth lumbar vertebra, but the fragments were in good position.

I wrote to Professor Robert Howden, Durham University, who for some time has been responsible for the editing of *Gray's Anatomy*, and he informed me that he had neither seen nor heard of a similar condition, although a rib arising from the first lumbar vertebra was not uncommon.

I may say that the patient is a very well developed man, and previous to this occurrence had no knowledge that such a condition existed.

I am indebted to Dr. W. H. Rowden, Leeds, for the skiagram.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TORSION OF FALLOPIAN TUBE.

Torsion of the normal Fallopian tube is an exceedingly rare event. Michael reports a case,¹ and states that only two others are known to have been reported previously. Since then another case has been recorded in the *JOURNAL* (April 4th, p. 657) by Davies. The following is an additional case.

A single woman, aged 32, was admitted to the Rochdale Infirmary on the afternoon of December 4th, 1924, as a case of acute appendicitis. She stated that severe abdominal pain had commenced in the early morning of the same day and she had vomited continuously since. Her periods had always been irregular, the last having occurred nine weeks previously. The pain was referred to the right iliac fossa and to the back of the right buttock in the area supplied by the first lumbar nerve. There was some rigidity over the right iliac fossa. Cutaneous hyperaesthesia was very definitely present just above the centre of Poupart's ligament and to a lesser degree over the area behind previously referred to. On rectal examination a tender swelling was felt to the right of the uterus. The temperature was subnormal and the pulse 100.

A tubal lesion was diagnosed, and on opening the abdomen the right Fallopian tube was found to be twisted, together with an abnormally long mesosalpinx, in a clockwise direction, and to be black, swollen, and intensely congested. The rest of the organs were normal. The tube was untwisted with the greatest readiness and there were no adhesions; it was removed, and the patient made a good recovery. She began to menstruate two days after the operation.

There were thus present in this case the requisite factors which appear necessary to precipitate this occurrence—namely, a long mesosalpinx and the circulatory disturbances caused by premenstrual hyperaemia.

The striking point about the symptoms, to my mind, was the very definite area of pain and cutaneous hyperaesthesia over the right buttock in the area supplied by the first lumbar nerve. The afferent fibres of the tube appear to belong to the eleventh and twelfth thoracic and the first lumbar nerves. In this case, at any rate, its innervation must have been definitely from the first lumbar segment, as the thoracic segments were not affected.

In twenty-seven cases of ectopic gestation leading to either rupture of the tube or tubal abortion, lesions somewhat comparable in severity, I have not observed this sign before.

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PULMONARY OEDEMA IN A CHILD.

A CHILD, aged 4½ years, had been confined to the house, but not to bed, for a few days with a cold, when, while playing on the hearth with other children, clear fluid was seen to gush from her mouth and nose. The mother formed the idea that the child was vomiting. I was sent for, and when I arrived I found frothy colourless fluid oozing steadily from mouth and nostrils. She was cyanosed and restless, and obviously in acute distress, the breathing was laboured and wheezy, the limbs rigid, and the hands clenched. Little air was entering the lungs, the breath sounds were obscured by coarse rhonchi, and the whole chest was dull on percussion. The diagnosis of pulmonary oedema was hazarded, and atropine gr. 1/200 was given hypodermically. In a quarter of an hour there was a decided improvement in her condition, and in half an hour the cyanosis and the flow of secretion had ceased. Before the expiration of an hour the chest was clear on auscultation and gave a resonant note on percussion. At this stage the child fell into a natural sleep which lasted unbroken for six hours.

Beyond a few fine rhonchi in the right chest for a day or two the patient appeared none the worse for the incident. The pupils responded to atropine in a puzzling manner. Both before and immediately after the injection they were widely dilated, but when improvement in the general condition was manifest they were contracted to little more than a pin-point.

Pontyclun, Glam.

RICHARD KENEFICK, M.B., B.Ch.

¹ *BRITISH MEDICAL JOURNAL*, March 14th, 1925, *Epitome*, para. 287.