jaundice disappeared very slowly. During the height of the jaundice there was nausea and vomiting. The author thinks that the jaundice was due to the lactophenin, and especially to paramido-phenol.—British Medical Journal, March 7, 1896.

OCCASIONAL PERISCOPE OF DERMATOLOGY.

By W. Allan Jamieson, M.D., F.R.C.P. Ed., Physician for Diseases of the Skin, Edinburgh Royal Infirmary; Lecturer on Diseases of the Skin, Edinburgh School of Medicine; late Consulting Physician to the Edinburgh City Hospital for Infectious Disease.

Papular Erythema following Vaccination.—Dr George Henry Fox observes that many evil results which are popularly ascribed to "bad matter" are due either to injury or irritation of the vaccinated part, or to a personal idiosyncrasy which leads to the development of a rash, such as sometimes follows the ingestion of certain drugs or articles of food. Infection of the vesicle or pustule by atmospheric germs may induce erysipelas, furunculi, and contagious impetigo, which latter affection may be inoculated elsewhere by means of the finger-nails, and give rise to a pustular or crusted eruption which is very apt to be mistaken for "generalized vaccinia." The systemic reaction after vaccination may induce eruptions of varying types. These may appear before the development of the vesicle, but are most frequently met with when this is at its height. They may be erythematous, urticarial, purpuric, and even vesicular or bullous in character, but present no specific features which would indicate their vaccinal origin. These eruptions may depend upon some abnormal condition of the patient, in which case the vaccination cannot be regarded as the prime cause of the rash, inasmuch as it merely evokes an eruption which was already latent and which might have appeared spontaneously or from any one of a variety of causes. Dr Fox relates and reproduces in a good illustration the appearances of a case in a child of two years. The eruption appeared a week after vaccination on the vaccinated arm, and next day was general. There was redness and swelling on the ninth day round the crust, without indication that the lesion had been irritated or injured. The face was swollen, and spotted with a few irregular erythematous patches. The trunk was nearly covered with a bright red erythematous-papular eruption, which distressed the child considerably. The lesions consisted of pinhead-sized, follicular papules, mostly aggregated in small rounded patches, and confluent upon the middle of the back, where the skin appeared red and smooth. On the second day the temperature was 103°-5. It faded in the course of a few days, the vaccine crust drying naturally.—New York Medical News, Jan. 4, 1896.

Generalized Vaccinia.—Mr Hutchinson has done well to direct attention to this manifestation of vaccinia, so apt to be misinterpreted or to occasion unnecessary alarm. Besides the local and ordinary
phenomena which follow the introduction of the vaccine virus, there are secondary eruptions more or less uncommon. In most cases it is a slight affair, an erythematous or lichenoid eruption, beginning from the seventh to the ninth day, and not lasting long. Another class of cases, probably very rare, is marked by the formation of a scanty eruption, but of formidable aspect, in which scattered vesicles develop to a large size, become umbilicated in the most characteristic manner, and exactly resemble those of gigantic variola. Hutchinson has seen but two or three of these. They were indistinguishable from variola, but he believes there was no contagion, nor, though the children were seriously ill, did any of them end fatally. But in two instances which he has seen, a healthy child vaccinated with pure lymph, from which other children were vaccinated without anything unusual occurring, and in whom the vaccination pocks had progressed well, died with a high fever and a generalized eruption which much resembled small-pox. In the instance now published, on the eighth day the pocks were perfect, and there was no undue inflammation. A few days after, the infant appeared ill, and on the tenth day an eruption was observed on the arm and face; next day it increased and became general. As none of the spots were definitely umbilicated, it was decided it was not variola. On the sixteenth day the temperature rose, and the child was much worse. On the seventeenth there was a fresh crop of eruption, consisting of confluent red papules, with a distinct depression in their centre. It had the appearance of an early stage of confluent small-pox. Some of the patches had become gangrenous at the time of death on the twentieth day. The crust left by the earlier spots might have been taken for those left in the stage of drying up. There had been no exposure to small-pox. Crocker believes the eruption to be produced by auto-inoculation at an early stage of development of the original vaccine vesicle.—Archives of Surgery, January 1896.

The Visceral Complications of Erythema Exudativum Multiforme.—Prof. Osler directs attention to these, which have largely hitherto escaped notice. He defines exudative erythema as a disease of unknown etiology, with polymorphic skin lesions—hyperæmia, oedema, and haemorrhage, arthritis occasionally, and a variable number of visceral manifestations, of which the most important are gastro-intestinal crises, endocarditis, pericarditis, acute nephritis, and haemorrhage from the mucous surfaces. Recurrence is a special feature, and attacks may come on month after month, or even throughout years. Variability in the skin lesions is the rule, and a case may present in one attack the features of an angio-neurotic oedema, in a second of a multiform or nodose erythema, in a third those of a peliosis rheumatica. The attacks may not be characterized by skin manifestations; the visceral symptoms alone may be present, and to the outward view the patient may have no indications of erythema exudativum whatever. Of the
eleven cases he relates, the visceral manifestations were as follows:—
In all, gastro-intestinal crises, colic, usually with vomiting and diarrhoea; five had acute nephritis, which in two cases was followed by general anasarca and death; hæmaturia was present in three cases; hæmorrhage from the bowels, stomach, lungs, and nose in several; one had spongy and bleeding gums, two enlargement of the spleen, five had swelling about and pain in the joints. The anatomical conditions associated with the visceral symptoms are not well understood, but the changes in the alimentary canal at least are probably the counterpart of those which occur in the skin, namely, exudation of serum, swelling, hæmorrhage, and in rare cases necrosis.—American Journal of the Med. Sciences, Dec. 1895.

PERISCOPE OF OBSTETRICS AND GYNAECOLOGY.

By J. W. Ballantyne, M.D., F.R.C.P.E., F.R.S.E.

The Induction of Labour by the Intra-uterine Injections of Glycerine.—Dr B. M. Hypes records a case of a healthy woman who had received an injury during pregnancy which led to the death of the foetus. Labour was induced by means of intra-uterine injections of glycerine as recommended and practised by Pelzer and A. R. Simpson, and the patient died of acute nephritis following the administration. Dr Hypes has gathered together five other cases in which bad effects followed this method of inducing uterine action. Further, the injections are often inefficient, they are also liable to the ill effects common to other intra-uterine douches, e.g., shock, air-embolism, sepsis, and metritis; and, finally, glycerine poisoning, especially in the form of nephritis with hæmoglobinuria, may follow.—American Journal of Obstetrics, Dec. 1895.

The Surgical Treatment of Rupture of the Uterus during Labour.—Dr W. H. Krajewski has had to deal with uterine rupture in labour on five occasions: in three instances the rupture was complete, and in all these he performed total hysterectomy by abdominal incision, with two recoveries and one death; in the remaining two cases the tear was incomplete, and in one of these Porro's operation was carried out with a fatal termination, whilst in the other the surgical interference consisted in an extra-peritoneal incision, with a favourable result. It is with the last-named case and its treatment that the paper now under analysis is concerned. The patient was a x. para, 44 years of age, and the cause of the rupture was a neglected shoulder case, with prolapse of an arm. The child was extracted, and a tear admitting four fingers was found on the right side above the vaginal portion of the cervix. This was plugged with iodoform gauze, and the woman was brought into hospital to be under the care of Dr Krajewski. The diagnosis of a rupture of the cervix and right vaginal fornix, probably without any lesion of the peritoneum, was made. It was also evident that an extensive hæmorrhage had taken place into the sub-peritoneal