

kindly came and performed abdominal section under chloroform. A hard growth (? carcinoma) was found springing from the left ovary, to which the bowel was bound down by numerous dense adhesions, giving rise to the obstruction. The patient's condition was so bad that it was impossible to do more than bring up a loop of bowel into the wound, which was accordingly done. She gradually sank and died the following afternoon.

NOTE ON THE PECULIARITIES OF THE TONGUE IN MONGOLISM AND ON TONGUE-SUCKING IN THEIR CAUSATION.

By JOHN THOMSON, M.D.,

PHYSICIAN TO THE ROYAL HOSPITAL FOR SICK CHILDREN, EDINBURGH.

NEARLY all the peculiarities which distinguish the so-called "Mongol" baby from other children, and make him look like the young of a different species of man, are obviously developmental in origin and are recognizable from the day of his birth.

The condition of the tongue, however, forms a notable exception to this rule. Its apparent largeness may, indeed, often be noticed soon after birth; but this appearance is probably attributable rather to an abnormal shortness of the mouth than to any real longness of the tongue. The well known characteristics of the mucous membrane—its coarse, raw, sodden appearance, from swollen papillae, and the numerous deep fissures in it—are entirely absent at birth and for long after. They only develop slowly as the child grows. The enlargement of the papillae sometimes begins during the second month, oftenest in my experience between the third and ninth months; and, rarely, not till late in the second year. The fissuring generally begins to appear in the course of the third or fourth year. It may be present in a slight form, however, during the second, and it may not be noticeable till as late as the sixth year.

The slow development of these changes on the tongue's surface may be explained in two ways. On the one hand, it may be supposed that, though the organ looks normal at birth, it is really so abnormally vulnerable as to be unable to carry on for long the common work of an ordinary tongue with impunity. On the other hand, it may be suggested that the various abnormalities of the mucous membrane might be accounted for if it could be shown that the child used the organ in an abnormal way. Neither of these explanations seems quite adequate without the other. It is probable, however, that though the lingual mucous membrane in these children is, like their skin, not quite normally resistant, yet what chiefly determines its swelling and cracking is the way in which it is used.

Tongue-sucking is, of course, a well-recognized characteristic of Mongolism. In studying recently the notes of 92 cases of Mongolism observed during the last twenty years, I have been greatly struck with the extreme frequency of this habit among them, and with the extraordinary energy and persistence with which it is practised by many of the children. In 69 cases in which its presence was inquired into, it was found certainly to exist, or to have existed, in 59. In the other 10 it was said never to have been observed, although at least 2 of them were given to sucking their fingers or hands. Two children who were noticed when in hospital to suck their tongues constantly were stated by their mothers, on admission, never to have practised the habit. Its presence is, indeed, so easy to overlook that it seems allowable to suppose that possibly all Mongols at some period of their childhood may have a period of tongue-sucking, although it may not always be recognized.

In all the cases of older children I remember to have seen, in which the tongue-sucking had been very prolonged and severe, the fissuring and the enlargement of the papillae were particularly marked. In a few in which a reliable history was given of the habit having lasted only for a short time, the surface of the tongue was comparatively little affected.

THE fourth French Congress on Public Assistance and Private Beneficence, which was to have been held this year at Rheims, has been postponed till the spring of 1908 on account of the death of M. Casimir-Perier, Ex-President of the French Republic and President of the National Committee.

THE ACCIDENTAL RASHES OF VARICELLA.

By J. D. ROLLESTON, M.A., M.D. OXON.,

ASSISTANT MEDICAL OFFICER, GROVE FEVER HOSPITAL, METROPOLITAN ASYLUMS BOARD.

THE occurrence of accidental eruptions in varicella receives but scant notice in most of the English and American textbooks. Considerable attention, however, has been given them by French authors, especially during the last fifteen years. Gintrac is usually credited with having first noted a prodromal rash in varicella, but Willan* in 1801 and Bateman† in 1813 had already described such an eruption. Regarded at first as exceptional and prodromal only, they were later shown to be by no means rare, and to be likely to develop at any stage of the disease, being premonitory like the prodromal rashes of small-pox and measles, concurrent with the specific exanthem, post-eruptive, or a combination of two or more of these forms. Cerf, writing in 1900, had collected 45 cases of accidental rashes in varicella. A search through subsequent literature has enabled me to add 14 more, excluding the 6 personal cases recorded below which have come under my own observation at the Grove Hospital in the course of the last two years.

Though accidental rashes in varicella may develop at any stage of the disease, the prodromal and concomitant ones are much more common than the post-eruptive. Examples of the latter are recorded by Charmoy, Chauffard, Comby, Cerf, Galliard, Nissim, Clemmey, Daverède, and Gillet, and below in Cases II and III.

The varieties of the accidental rashes of varicella are in order of frequency—scarlatiniform, purpuric, morbilliform, and mixed. The scarlatiniform variety is the only one represented in the cases below. Purpuric eruptions have been recorded by Bérard and De Lavit, Baader, Andrew, Lannoise, Comby, and Rundle; morbilliform by Revilliod, Chauffard, Désandré, and Heubner; and mixed by Lannoise and Roger.

Urticaria, which, as I have shown elsewhere, not infrequently precedes the characteristic eruption of measles, is rarely met with in varicella. In MacCombie's case a bright erythema with numerous urticarial wheals preceded and accompanied the specific exanthem. Varicella being mainly a disease of childhood, it is obvious that most of the cases will be found in children. Cases in older patients, however, have been published by Almérás in a female of 16, by Lorrain in a male of 19, by Nissim in a female of 24, and by Metcalfe in a male of 39. The trunk is most frequently affected, but there is no site of predilection, like the abdomino-femoral region in the prodromal rashes of small-pox. Like the prodromal rashes of measles, the accidental rashes of varicella are usually of short duration, and are not accompanied by any cutaneous irritation nor followed by desquamation. These facts sufficiently explain how it is that the accidental rashes of these two diseases have not received a wide recognition in the profession. With the following exceptions there is nothing noteworthy in the previous history of the recorded cases. In a few there had been a recent pre-existent eruption. Thus one of Chauffard's patients had had measles a fortnight before. Oeconomon's case had recently had scarlet fever. One of Daverède's cases showed the eruption of hereditary syphilis. Four cases reported by Sabathé, Charmoy, Bourdineau, and Cruet respectively were convalescent from broncho-pneumonia; and two cases reported by Nissim and Lannoise respectively were suffering from pulmonary tuberculosis. Alezais's case was a weakly child prematurely weaned. One of Daverède's cases was delicate and rickety.

From a diagnostic standpoint varicella rashes are of considerable interest. The scarlatiniform variety is most likely to cause difficulty in diagnosis. Since 1899 a total of 94 cases, or an annual average of 15.6 cases, of varicella has been admitted to the Metropolitan Asylums Board hospitals, which had been certified to be suffering from scarlet fever, probably on account of the prodromal scarlatiniform rash.

With the important exception that the scarlatiniform

* "The varicella, or chicken-pox, has been very prevalent during the summer (1797). The eruption was generally preceded by a strong fever; and in three cases, by a vivid universal rash, similar to that which often attends the eruption of the small-pox." Loc. cit., p. 120.

† "The eruption is sometimes preceded, for a few hours, by a general erythematous rash." Loc. cit., p. 208.