

AN OBSTETRIC ANOMALY: AN EXTRA
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As I have been unable to find any mention of this anomaly in the literature, I think that the following report may be of interest to general practitioners:

Patient.—Baby W., delivered at term by forceps applied to the head at the superior strait. Position, O. L. A.

Labor.—Examinations during labor seemed to show some failure of the flexion of the head, and as the pelvis was of normal size and shape, the child apparently not large, and the pains seemingly of sufficient strength, the failure of progress was laid to imperfect flexion. Several attempts to flex the head without anesthesia seemed ineffectual, as the anterior fontanelle apparently still persisted within easy reach of the examining hand. An attempt to flex the head under anesthesia just before applying forceps was also ineffectual. Delivery was moderately difficult, and at the expense of a perineal laceration requiring four stitches, one to occlude a large anomalous artery.

Description of Child.—The baby weighed $7\frac{1}{4}$ pounds and was normally developed except as follows: Both anterior and posterior fontanelles were in their usual position and of the usual shape. Between the two, in the course of the sagittal suture, but nearer the sinciput than the occiput was a gap between the parietal bones, of the same shape as the anterior fontanelle, and only slightly smaller. Two fairly well-marked ridges of bone ran from the lateral corners of this, feeling much as the sutures feel when the bones are overlapped. This at once explained the apparent persistence of the anterior fontanelle within easy reach of the examining hand.

Such a condition makes an exact diagnosis of presentation and degree of flexion of the head exceedingly difficult.

SUDDEN DEATH FOLLOWING USE OF DIPH-
THERIA ANTITOXIN.E. L. BOONE, M.D.
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After reading in THE JOURNAL Jan. 11, 1908, an account of Dr. S. N. Wiley's unfortunate experience with antitoxin, I wish to report an experience almost identical with Dr. Wiley's:

Patient.—In the evening of Aug. 29, 1907, Mrs. W. brought her son Frank, aged 10, to my office, saying she was afraid his throat was sore. I examined him and found his condition as follows:

Examination.—Temperature 102, pulse 110, respiration 18. The throat was very red and much inflamed, but there was no diphtheritic membrane. There being a slight epidemic of diphtheria in the neighborhood, I did not make a positive diagnosis, but told the mother that it was a case that would bear watching and that I was afraid of diphtheria. I gave the boy 4 grains of calomel and a simple throat wash.

Course of Disease.—Next morning at 11 o'clock I was called to see the boy. The cathartic had acted, but temperature was still 102 and pulse 110; a small amount of diphtheritic membrane had made its appearance on the pharynx. I immediately made a positive diagnosis of diphtheria of a mild grade, which was confirmed at that time by another physician whom I called in as he was passing. The boy had been up all forenoon playing and was apparently very strong. He was an extremely well-developed little fellow, and had no organic heart trouble, nor did there seem to be any particular weakness of the heart. After cleansing the site of injection, with the consent of the parents and the endorsement of the other physician, I gave 4,000 units of antitoxin, which was stamped "good until February, 1908." I introduced the needle carefully below the shoulderblade, and slowly injected the entire

amount into the back of the patient; he was lying on his face and did not even cry out when the needle was introduced. I had just turned away from him and laid the syringe on the table when he gave a loud cry of distress and sat up in the bed, catching at his throat with both hands, also giving a choking cough or two. I noticed a look of intense anxiety on his face with pallor around the lips. I asked his mother if she had heard him cough in that manner before and she said she had not. He cried out that his head hurt him and that he could not breathe. All this time he was clutching at his throat. I tried to get him to swallow some whisky and water, but it seemed to choke him as though the muscles were paralyzed; in a few seconds his lips, face, ears and neck were cyanosed, the pupils were dilated and eyes staring; froth was also running from the mouth, and the boy occasionally gave a harsh brassy cough, together with a peculiar cry. He had a convulsion and ceased to breathe, although, as in Dr. Wiley's case, the heart continued to beat long after voluntary respiration had ceased. I gave him stimulants hypodermatically, and also used artificial respiration until life was extinct. The time of his death was not over five or six minutes from the time of giving the antitoxin.

I have used antitoxin of different makes a number of times and have always had excellent results, excepting in this case, and do not understand this experience. I am sure I do not want any more experiences of a like nature. I have all confidence in antitoxin and have used it since with uniform good results; but I should like to know the cause of death in this case.

PHENOL (CARBOLIC ACID) GANGRENE.

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Fred M., aged 25, had the end of his right thumb slightly crushed in the cogs of a machine at which he was working. The accident occurred early in the morning of Dec. 28, 1907, and the injured thumb was immediately dressed by another employe, who saturated a piece of cotton with tincture of arnica, containing an unknown quantity of carbolic acid. The dressing was applied as far as the base of the thumb, and was kept moist with the solution until December 30, at 10 a. m., at which time I was called.

At this time the man said the thumb was absolutely insensitive as far as its base, and on examination it was found to present the typical picture of gangrene, with a well-defined line of demarcation. There had been considerable bleeding during the time the compress was on. The thumb was amputated about three-fourths of an inch above the metacarpophalangeal joint and the wound healed by first intention.

The solution of carbolic acid was kept on hand together with other emergency materials by the company employing the man. It would seem that where such emergency supplies are kept on hand, the dispenser should be somewhat familiar with the properties of the materials he is using, and especially with those of a dangerous substance like carbolic acid.

Cancer in Children.—P. W. Phillip publishes a monograph on this subject in the *Zeitschr. f. Krebsforschung*, v, No. 3, page 326. He has collected from the literature 390 cases of assumed cancer in children, and classifies them according to location, etc. One feature of the material is the almost complete absence of cancer of the uterus and breast among the girls affected. Epithelioma is also extremely rare. Most of the cases of cancer developed between 9 and 15, during the age of puberty, and in the digestive tract, the ovaries or skin. The cancers observed in children seem to sustain the theory of irritation as a factor in the origin of cancer, rather than the embryonal theory. The cancer was in the intestines in 29 per cent. of the cases.