EPIDEMIC MEASLES AT SAMOA.

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UNTIL a few months ago measles had not entered this group. It was conveyed to Tonga, 500 miles south of us, by the New Zealand steamer *Upolu* in June last, and from accounts we have received it nearly decimated that group. The same steamer brought the contagium to our group nearly three months afterwards. Here, as in Tonga, the epidemic was at first mild. Comparatively few died in Samoa during the period of the fever and rash. The sequelæ and complications have caused the mortality. I have not been able to obtain accurate statistics of the deaths from this recent epidemic throughout Samoa, as the ten inhabited islands of this tropical and volcanic group lie between five parallels of longitude, or, with the intervening straits, cover nearly 270 miles; but, judging from the accurate returns obtained here, including a fifth of Samoa, and also from reports obtained from missionaries and others, no fewer than 1,000 of the entire population of 34,500 died from measles up to the end of December, 1893, and nearly half of these adults. Since then there have probably been a few hundreds more.

The epidemic was not malignant. Our mortality has arisen principally from gastritis, enteritis, diarrhœa, and dysentery. A few died from suppressed measles. The craving the natives manifest for raw fish, unripe or over-ripe fruit, and especially half-cooked fresh pork, became morbid during the period of convalescence. Many, lest they should be told to avoid these, abstained from procuring foreign medicine. Nine-tenths of the deaths could have been prevented by care in diet. The worst cases of diarrhœa and dysentery brought to me yielded to treatment. Cases under one's own personal supervision, and where instructions were followed, recovered. With the common strumous diathesis it has excited no surprise to see so many adults as well as children suffering from enlarged suppurating glands in cervical and submaxillary regions, and in groin, etc.; not a few had parotid abscess with suppuration. Numerous abortions and cases of premature labour occurred, but none died with ordinary treatment. Single and multiple abscesses are an every-day occurrence here, but these have multiplied nearly tenfold since the advent of measles. Before the rash had disappeared a large number of adults passed intestinal worms by the mouth.

Now that two months have elapsed since the last cases of fever and rash, a mild but persistent form of remittent fever is prevailing. This, with glandular and respiratory affections, are the most common ailments at this season. In the mission dispensary I am daily seeing cases of sickness the starting point of which was measles. The two epidemics of influenza at the end of 1891 and January, 1893, increased the tendency of the Samoans to chest affections. Measles will be found to have still further intensified their susceptibility to respiratory diseases; and the frequent deaths, as well as the many debilitated natives one daily meets with, give evidence that we have not yet reached the end of the measles epidemic—an epidemic which will long be remembered, as not one of the entire population seems to have escaped.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

A CASE OF ECTOPIA VESICÆ, WITH OPERATION.

IN the year 1887 I had under my care in Professor Rômniceano's surgical department of the Children's Hospital at Bucharest a case of ectopia vesicæ, the record of which can be summed up as follows:

The patient was a male child, aged 7 years. In the hypogastric region was an oval raw-looking surface, occupying the position of the bladder, firmly adherent to the abdominal walls and forming a part of it. No hernia was present. The pubic bones were separated, and the condition of the pubovesical muscles so ably described by Mr. Shattock at the meeting of the Pathological Society on April 17th could also be seen. On the raw surface, which was the posterior wall of the bladder, two apertures—the orifices of the ureter—were perceived, from which a continuous watery discharge (urine) issued and kept the surface in a permanent condition of irritation and moisture. The trigone and the open neck of the bladder were seen in the space behind the separated pubic bones. The urethra, after a tortuous course, rose above the corpora cavernosa, which were developed. The urethra becoming thus anterior and in epispadias throughout the whole length formed an open canal wedged between the corpora cavernosa. The penis was not very much reduced in size.

The ectopia was operated upon by Professor Rômniceano. He dissected the edges of the bladder, making a bleeding surface; then he cut two lateral flaps. He turned the left flap over the bladder skin inwards, and stitched the edges of the flap to the bleeding edges of the bladder. On this flap he applied the second flap, which was cut a little more obliquely from the right side in order to twist it so that the skin came upwards, and the raw bleeding surface was turned backwards toward the raw surface of the first flap. Both were fixed together by several sutures. The gap between the pubic bones was left untouched, as an opening for the flow of the urine. Nothing could be done to the epispadias on account of poorness of tissues and the curious disposition of the urethra.

The course of the case was at first only partially satisfactory. The edges of the upper flap sloughed a little, and some phosphatic concretions accumulated in the catheter which was left in the bladder. But, after a good deal of trouble and time, we succeeded in forming a small cavity as a bladder, scar tissue hiding entirely from view the raw surface of the ectopia. The patient left the hospital wearing a urinal especially made for him.[1]

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TRAUMATIC RUPTURE OF THE JEJUNUM WITHOUT EXTERNAL INJURY.

FOR permission to publish the following case I am indebted to Drs. Renton and Smith, of Chester-le-Street.

A miner, aged 17, was first seen at 8.45 A.M. on May 12th, after being crushed in the pit. He was in a very collapsed condition, the pulse at the wrist being almost imperceptible. He lay on the bed with his knees drawn up and complained of severe abdominal pain. The abdomen was rigid and board-like, but presented no bruise. The tenderness and rigidity were most marked in the left umbilical and lumbar regions. There was no abdominal respiration and no dulness could be discovered.

On returning two hours later with a catheter he was found to have passed spontaneously a quantity of clear urine; he also had slept for an hour, morphine and strychnine having been administered subcutaneously. There was still no dulness to be detected and the normal liver dulness was absent. The abdomen was distended and very tender.

Collapse increased during the remainder of the day and early in the afternoon vomiting set in, at first gastric then bilious but never bloody nor fæcal. The next morning, at 9.45, he passed a normal stool and died immediately afterwards, twenty-eight hours after the injury. The extreme collapse rendered operation from the first almost hopeless, and the sanitary surroundings finally decided against that measure.

Post-mortem Examination.—No evidence whatever of external injury was discoverable. On opening the abdomen the intestines were found covered with a fibrinous exudation, on removal of which the vessels were seen to be much injected. Just to the left of the spine the small intestine was ruptured about the middle of the jejunum. The rupture was transverse and involved the whole of its circumference with the exception of about one-eighth of an inch at the attachment of the mesentery, which latter was slightly bruised. The bowel itself was only crushed for a distance of about a quarter of an inch on each side of the rent, the edges of which were thickened and œdematous. Only about ʒj of blood had

[1] The full record of this case, with illustrations, was published by a colleague of mine, Dr. Marinesco, in the *Journal Spitalul* of the same year.