suggested, merely hypnotic, but succeeds solely by its reflex action through the nervous system, the efficacy of which is well demonstrated by the remarkable results obtained in a case of functional angina. If a general collapse of the nervous system is amenable to the treatment described, we can understand how potent an agent we have at our disposal when dealing with local disturbance of the nervous system in the part that has suffered injury, and as a prophylactic to the more general disturbance that so frequently follows even a comparatively mild injury.

The treatment of post-operative arthritis has already been referred to, and that of ordinary traumatic arthritis is very similar. When the treatment advocated is employed only the briefest rest in bed is necessary, two days often sufficing; even during that period the rest is broken by regulated doses of both active and passive movements. When treatment by mobilisation and massage is adopted the injury done to the bones in such fractures as Colles's fracture is less momentous than the traumatic teno-synovitis and arthritis which are its necessary accompaniments. This being so, there is no need to add to what has already been said of the value of the treatment for teno-synovitis. Even when sepsis has occurred and the use of a limb been jeopardised, it has succeeded, with some skill in application, in restoring the limb to perfect use, with the exception of the movements which were dependent on the use of tendons that had sloughed away.

The treatment of all strains and of the injury known as "wricking" the back should certainly comprise mobilisation, since it alone can prevent the disastrous sequelæ common to these injuries. When a muscle or tendon or ligament is torn, it is inevitable, without the aid of mobilisation, that adhesions should form, with the consequence of disablement and misery. With the aid of mobilisation and of its necessary precursor, massage, this misfortune can be, and is, entirely avoided.

If there is so much to be said in favour of the treatment advocated, how does it come about that the verdict of the recent fracture committee was so unsatisfactory to its advocates? The answer is simple. In the cases reported to the committee nothing was said of the actual nature of the treatment applied. Without doubt, in numbers of cases in which this treatment was reported to have been given, any authority thereon would have been the first to say that the time-honoured treatment by fixation would be preferable to that proposed to be applied under the guise of mobilisation and massage. Such in the past has been the misunderstanding and abuse that have obscured and so discredited this method. Until the truth about the treatment is known, and until its elements, and the very terms by which it is known, are rightly apprehended, we cannot hope for a more favourable verdict. But when the time comes in which the truth of the matter is recognised, the pre-eminence now claimed by a few for treatment by mobilisation and massage will be universally conceded.

Royal Crescent, W.

MEDICAL SICKNESS AND ACCIDENT SOCIETY.—

The usual monthly meeting of the executive committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 429, Strand, London, W.C., on Jan. 17th, Dr. F. J. Allan being in the chair. The accounts for the year were considered, and it was shown that in spite of heavy sickness claims and the large sums being paid away in bonuses to members the funds of the society still show an increase. The bonuses now paid at 65 being for such substantial amounts are much appreciated by members who have received them, and it is hoped that after the next valuation these will be continued as before. Many letters from members are received at the office thanking the committee for the satisfactory way their claims have been settled and the great comfort they have derived from the knowledge that they would receive their cheques every week so long as unable to work, and it would appear from these that this method of payment is appreciated more than the lump sum compensations so frequent in most other insurance companies. In fact, one of the most striking features of late years has been the large number of members who drop policies in other companies and come to this society. Prospectuses and all further information can be had by writing to the secretary, Mr. Bertram Sutton, Medical Sickness and Accident Society, 33, Chancery-lane, London, W.C.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF ACUTE HÆMORRHAGIC SPLENITIS WITH SPONTANEOUS RUPTURE COMPLICATING EARLY PREGNANCY.

BY H. L. MARTYN, M.B., B.S. LOND.,
LATE RESIDENT MEDICAL OFFICER AT KING EDWARD VII.
HOSPITAL, WINDSOR.

THE patient, a married woman aged 30, gave the following history. Up to midnight of Jan. 1st, 1912, she was well in all respects. She had been married for 12 years, and throughout her life had been accustomed to heavy laundry and house work. She had had no previous illness, her three children had been born after normal labours, and at the present moment she believed herself to be about three months pregnant. On rising from bed on the morning of Jan. 2nd she complained of sudden severe pain in the left hypochondriac and lumbar regions. The pain was confined to the left side and was unaccompanied by vomiting. The patient returned to bed and about 11 A.M. commenced severe hiccoughing which persisted at intervals throughout the day. She drank a little fluid nourishment and did not vomit; the pain, however, increased steadily in severity and extended more into the epigastric region.

The patient was admitted to King Edward VII. Hospital, Windsor, at 6.45 P.M. She appeared a well-nourished woman, but her expression was pale and anxious and her lips slightly cyanosed. Hiccoughing was continuous; the respirations were 30, shallow, and with a marked expiratory grunt, temperature 99° F., and pulse 88, volume small and tension low. The abdomen was not distended, and moved slightly on respiration. Tenderness was present chiefly in the epigastric region, but all the abdominal muscles showed decided defensive action. There was no dulness in the flanks and no obliteration of liver dulness. Examination per vaginam revealed an apparently normal uterus pregnant about three months.

A tentative diagnosis of acute hæmorrhagic pancreatitis was made and the abdomen was opened by a 3-inch incision above the umbilicus under chloroform anaesthesia. Free blood welled up immediately the peritoneum was opened, no fat necrosis was visible, and a rapid examination of the pelvis revealed nothing abnormal. On displacing the intestines blood was found welling up in very large quantities from the region of the foramen of Winslow. The condition of the patient was at this time desperate, the face was cyanosed, the pulse unappreciable, and the respirations sighing. A 10-minim injection of pituitary extract with oxygen inhalation was given, and large quantities of gauze plugged firmly into the apparent origin of the bleeding, further search for the actual source being impossible. After returning the patient to bed she was given 2½ pints of saline with adrenalin intravenously, and a hypodermic of 1/100 gr. digitalin. Her condition improved greatly, and by 9 P.M. her pulse was 120 and temperature 101°. She was very restless and complained of much pain, but after a ¼-gr. of morphia and atropine passed a fair night.

During the next day (Jan. 3rd) her condition continued to improve. The pulse fell to 100, but the respirations remained at 35 and temperature 101.4°. Oozing from the wound, which for some time after the operation had been free, had now ceased. Fluids were retained by the mouth, flatus passed freely per rectum, and there was no abdominal distension. Rectal salines were given, as 8 oz. injections six-hourly, and were absorbed well.

On Jan. 4th the patient's condition was decidedly worse. The pulse-rate remained the same, but the respirations had risen to 45 and the temperature to 103°. The tongue was furred and the lips covered with sordes. There was no abdominal distension or tenderness and flatus passed freely. At 2.30 P.M. calomel in ½-gr. doses was started half hourly, but at 4 P.M. the patient suddenly aborted, the hæmorrhage being brisk and the placenta retained. Under light chloroform anaesthesia the uterus was rapidly cleared out and a hot intra-uterine douche given. Intravenous saline infusion was carried out throughout, and after the uterine condition

had been dealt with, as her condition remained fair, the plugging in the abdominal wound was removed, no hæmorrhage occurring. The patient recovered from the anæsthetic at 5.30 P.M. By 6 o'clock the temperature was 104.5°, pulse 130, and respirations 45, but during the next hour she became rapidly worse and died at 7 P.M.

A post-mortem examination was made on Jan. 7th by Dr. C. R. Elgood. The abdomen contained no free blood and no signs of general peritonitis were present. The pancreas showed a large cyst of the size of a Tangerine orange connected with the head and projecting into the greater sac below the transverse colon. The lesser sac contained a little free blood which had oozed from a rent about one inch long in the peritoneum covering that portion of the spleen in relation to the sac. The organ was enlarged and the capsule extensively stripped up by a blood clot corresponding to about 3 oz. of blood lying beneath it. The substance of the spleen was soft and diffuent, and its interior showed numerous large hæmorrhages which communicated in several places with the clot beneath the capsule. All other abdominal, thoracic, and pelvic organs were normal.

A section of the spleen showed large areas of almost complete necrosis. No round-celled infiltration was present, but over these areas the cells were in a condition of cloudy degeneration and in places were reduced to a mere badly staining granular detritus. This state of necrosis was not uniform although widely diffused throughout the organ, in some places perfectly normal splenic tissue being visible. No bacteria were present in Gram-stained sections.

I am indebted to Dr. H. Spurrier, of Maidenhead, under whose care the case was at the hospital, for permission to publish these notes.

Eton.

A CASE OF STRANGULATION OCCURRING IN A VENTRAL HERNIA.

By F. W. GANGE, M.D. BRUX., M.R.C.S. ENG.,
L.R.C.P. LOND.

THE following case appears to me to be worth recording on account of the rarity of strangulation occurring in a ventral hernia.

I was called in on Dec. 31st, 1912, to see a married woman who was suffering from severe abdominal pain and constant vomiting. She informed me that the pain and vomiting had been going on for about 24 hours, and that for some weeks past she had been subject to attacks of slight abdominal pain which had hitherto passed off in a few hours. There had been no previous vomiting. There had been a small action of the bowels on the same day. On examination the patient presented an anxious expression. The temperature was normal and the pulse 100. The abdomen was large and pendulous, and there was the scar of an old wound in the middle line below the umbilicus. In the centre of the scar a swelling could be felt which was extremely tender. It was resonant and very tense, and could not be reduced by pressure.

I took the patient into the Faversham Cottage Hospital and operated soon after her arrival. On cutting down over the swelling I found a sac surrounded by very dense scar tissue, containing a small loop of slightly congested intestine and a large piece of matted omentum, the latter adherent to the sac wall. A dense ring of fibrous tissue constricted the neck of the sac. This was divided and the sac and fibrous tissue cut away, as well as the constricted portion of omentum, and the bowel returned into the abdomen. The wound was then closed. The bowels acted immediately after the operation. The patient has made a satisfactory recovery.

Faversham.

A CASE OF SUCCESSFUL RESECTION OF AN IRREDUCIBLE INTUSSUSCEPTION IN A CHILD.

By C. LEONARD ISAAC, M.B., B.C. CANTAB., F.R.C.S. EDIN.,
ASSISTANT SURGEON TO THE SWANSEA HOSPITAL.

A GIRL, aged 2 years, was sent to the out-patient department of the Swansea Hospital on July 19th, 1911, with the following note: "My little patient has had colicky pain off and on for 14 days with constipation (chiefly). Is said to be passing dark stools. Parents are afraid she has swallowed

a coin and are anxious to have her X rayed. ? Cause. Have seen nothing so far to justify diagnosis of intussusception."

I saw the child at about 4 P.M. There was no distension or rigidity of the abdominal walls, but as she was so fretful and restless it was impossible satisfactorily to palpate the abdomen. The child was immediately anæsthetised on her mother's lap, and an elongated tumour was easily felt ascending up the colon where it became obscured by the liver; the lower end could be pushed backwards and forwards towards the middle line. Nothing was felt per rectum. The child was immediately sent into the theatre, and under chloroform and ether anæsthesia the abdomen was opened in the right flank. An intussusception was found extending into the transverse colon; the greater part of this was easily reduced, but the last couple of inches was irreducible. An incision was made into the intussusciptum and the intussusceptum delivered and snipped off with scissors; the ends of gut were then united as in Maunsell's method, and the opening in the intussusciptum closed. The appearance of the œdematous circular enterorrhaphy made one anxious as to its immediate permeability, and the child's condition being good the ileum was anastomosed to the ascending colon, the intussusception being an ileo-cæcal one. The abdomen was closed and the patient returned to bed. The bowels moved naturally on the morning after the operation. On admission the temperature was 97.8° F., the pulse 124, and the respirations 30. The temperature ran up to 101° on the second day and 102° on the third day, but from that day on the child made an uninterrupted recovery.

Swansea.

Medical Societies.

ROYAL SOCIETY OF MEDICINE.

MEDICAL SECTION.

Records of King Edward VII. Sanatorium.—Pneumonia during Arsenical Therapy.

A MEETING of this section was held on Jan. 28th, Dr. FREDERICK TAYLOR, the President, being in the chair.

Dr. NOEL D. BARDSWELL read a paper on the Records of the King Edward VII. Sanatorium. They comprised the records of 1079 patients discharged from July, 1907, to July, 1911. The diagnosis of pulmonary tuberculosis was confirmed by the medical staff in 1027 cases, and not confirmed in 52 cases. Of the 1027 diagnosed by them as cases of pulmonary tuberculosis, tubercle bacilli were found in 82.7 per cent. The diagnosis was not confirmed by the finding of tubercle bacilli in 17.3 per cent. Of these 1027 definite cases, 112 had been lost sight of, and 915 had been traced to October, 1912. Dealing only with the 915 traced to 1912, 764 had tubercle bacilli present on admission, and in 151 no tubercle bacilli were found at any time. As to the condition in 1912 of the 764 with tubercle bacilli present, 437, or 57.1 per cent., were well or alive; 327, or 42.8 per cent., were dead. In Group I. (early cases), 153, or 83.6 per cent., were well or alive; 30, or 16.3 per cent., were dead. In Group II. (moderately severe cases), 220, or 61.6 per cent., were well or alive; 137, or 38.3 per cent., were dead. In Group III. (severe cases), 64, or 28.5 per cent., were well or alive; 160, or 71.4 per cent., were dead. Regarding the condition in 1912 of the 151 in whom no tubercle bacilli were found, 134, or 88.7 per cent., were well or alive; 17, or 11.2 per cent., were dead. Reviewing the significance of the disappearance of tubercle bacilli whilst under treatment, of the 764 with tubercle bacilli present, 148, or 19.3 per cent., lost their tubercle bacilli before discharge. In 1912, of the 148 who lost their tubercle bacilli while in the sanatorium, 124, or 83.7 per cent., were well or alive; 24, or 16.2 per cent., were dead. In Group I.: 69, or 87.3 per cent., were well or alive; 10, or 12.6 per cent., dead. In Group II.: 49, or 89 per cent., were well or alive; 6, or 10.9 per cent., dead. In Group III.: 6, or 42.8 per cent., were well or alive; 8, or 57.1 per cent., dead. In 1912, of 616 with tubercle bacilli present on admission and on discharge, 313, or 50.8 per cent., were well or alive; 303, or 49.1 per cent., dead. In Group I.: 84, or 80.7 per cent.,