where a mass of worms could be felt freely movable in the ileum. Below this point the bowel was collapsed and quite empty, except for two or three damson stones in the colon. The peritoneum covering the small intestine was slightly congested in patches, but not more so in one part than another. On opening the gut I found forty-two ascarides, of which eight were rolled together in a solid mass at the point noticed in the ileum, occluding but not distending the intestine. There was no perceptible narrowing of the gut at this point and no sign of intussusception. The mucous membrane was intensely congested throughout the small intestine, more especially about the occluded point. The stomach was empty and normal, and nothing abnormal was discovered in the lungs, brain, heart or any other organ.

The interest of the case centres in the question, "What was the immediate cause of death?" The symptoms were not those of acute obstruction, but rather of aggravated irritation of the bowel, and this was confirmed by the post-mortem appearances. It would appear as if the irritation had been sufficiently powerful to cause death from shock without the supervention of actual inflammation. Cases of death indirectly caused by ascarides, as by their escape into the abdominal cavity &c., have been frequently recorded, but I believe that a case of death either from the direct effects of their irritation or from obstruction by them must be exceedingly rare.

Buckden.

REFLEX SPASM OF GLOTTIS FOLLOWING DISTENSION OF STOMACH.

BY SURGEON-LIEUTENANT B. G. SETON,
SECOND PUNJAB INFANTRY.

A MAN in the 2nd Punjab Infantry, a Tusufzai Pathan, was admitted to hospital on the night of Aug. 19th, with symptoms of laryngeal spasm. The patient had been on duty in an outlying fort for some days, and had been unable to get meat during that time. On his return to Fort Mastan on the evening of the 19th he ate a large quantity of very tough goat meat in pieces found subsequently to vary from four inches to seven inches and a half in length. This meat was uncooked. He then drank a large quantity of water. After his meal he sang for about an hour, at the end of which time he noticed occasional pain in his larynx and cough. This was gradually succeeded by dyspnoea, which finally prevented his sleeping, and at 1 A.M. he was taken to hospital.

On examination, beyond distension of abdomen, nothing was visible. As far as could be determined the obstruction to breathing was in his larynx. His speech was whispering and quite altered in quality. He also complained of some pain over the hepatic area. Hot fomentations were applied to his larynx, and occasional inhalations of chloroform were given, but their effect was transitory. No emetic could be administered as the spasm prevented him swallowing. At 2 A.M. counter-irritation was attempted, and blisters were applied along the course of the vagi, and cupping over his stomach repeatedly performed. The result was well marked in about half an hour, the spasms stopping for a time and then recommencing. Finally an emetic was given, and about a pound and a half of meat vomited. From this time his symptoms improved still more, though for three days he had a spasmodic laryngeal cough. Hepatitis came on the day after his meal, but was easily cured. No laryngeal examination could be made, as there was no instrument for the purpose at hand. It is important to note that when once the laryngeal symptoms began to abate the patient could swallow freely, so that direct pressure on the larynx by a mass of meat in the oesophagus was out of the question; while the marked effect of counter-irritation of the vagus seemed to point to the symptoms being due entirely to reflex irritation from the stomach. On Aug. 23rd all his symptoms had ceased.

Fort Mastan, Samana, Punjab.

PUBLIC DISPENSARY, FALMOUTH.—The medical report for the past year states that 456 patients had been treated during the twelve months. As far as known there were ten deaths, 104 cases cured, 300 relieved, 22 results unknown and 20 under treatment. The report concludes with the remark: "Very little sickness, and remarkably little of an epidemic character."

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Prooemium.

ST. THOMAS'S HOSPITAL.

TWO CASES OF ROTATORY DISLOCATION OF THE PATELLA.

(Under the care of Mr. WM. ANDERSON.)

WITH regard to these cases Mr. Anderson has pointed out that they derive importance from their comparative rarity and from the extreme difficulty sometimes experienced in their reduction. In the published observations by Streubel about one-sixth of the patellar dislocations were rotatory, and of these about two-thirds were turned with the articular surface outwards, as in the examples now recorded. The mechanism of the displacement is by no means clear. Sometimes the accident is attributed to a blow, at other times to an attempt to recover from a false step, at other times to a fall, but there can be little doubt that in all it is a sudden and irregular contraction of the quadriceps that is the main factor. In Case 1 the patient felt the bone twist out of place while he was trying to regain his balance after a slip, and he was confident that he did not strike the knee; while in Case 2, on the contrary, there was a clear history of a blow on the outer side of the knee while the patient was rising from a kneeling posture. It has been found impossible to produce a rotatory dislocation artificially on the dead subject except by dividing the ligamentous structures and actually twisting the bone into its abnormal position by means of a lever introduced behind it, and from this we may assume that in any case mechanical violence applied on the living subject can only act by provoking the muscular spasm, which really effects and maintains the displacement. On theoretical grounds it would be difficult to imagine the extraordinary resistance offered by the luxated bone to the strongest efforts at replacement. Not the slightest impression could be made upon it in either of the following cases by very powerful leverage, although the patient was in a condition of surgical anaesthesia, with an apparently complete relaxation of the voluntary muscular system in general. In one case, quoted by Koenig, the bone is said to have defied reduction after the section of the ligamentum patellæ, and in another even after division of this and the tendon of the rectus also (Wolf). Gaulke succeeded by the use of a carpenter's vice, and others have achieved the end by introducing a lever or a hook beneath the bone through an opening in the capsule. It is probable, however, that the great element of success is to push the anæsthetic until it vanquishes the resistance of the quadriceps extensor, the tension of which persists long after the other muscles have become relaxed; and as adjuncts to this the movement of flexion with rotation appears to be more efficacious than simple extension, and possibly because it draws upon the margins of the twisted bone through the intermediation of the stretched tibio-patellar bands. In the second case no lateral band could be detected, and here neither flexion nor rotation of the leg produced any effect. Should all manipulations, aided by full anæsthesia, fail to reduce the bone, the methods referred to above would be justifiable if carried out with due precautions; but it may be borne in mind that, although some deformity and limitation of flexion would remain where reduction is not effected, a very useful command of the joint may be regained. A female patient once presented herself before Mr. Makins, with a rotatory dislocation of two years' standing, but she suffered so little inconvenience from the defect that it was not considered desirable to interfere. A cast taken from Cases 1 and another from the patient under the care of Mr. Makins, may be seen in the museum of St. Thomas's Hospital.

CASE 1 (from notes by Mr. R. B. Williams).—A. H—, aged fifteen, was admitted into Clayton ward on Feb. 26th, 1892. The patient slipped while walking, and, in endeavouring to regain his balance, the knee gave way beneath him. He says that it was not struck in the fall, but that on rising he found his knee fixed