THE GLANDULAR FEVER OF CHILDHOOD.

BY G. SCOTT JACKSON, M.D. GLASG.

THE following case appears to me to be fairly typical of this disease as described by Dr. Dawson Williams,¹ and yet it presents one or two points of peculiar interest. First as to the "point of entry" of the infection. In this district at present we are passing through a well-marked epidemic of "milk infection," the sufferers presenting evident symptoms of systemic poisoning, with purging, vomiting, and high temperature, which are only relieved by the complete withholding of all milk. In several instances there are also present one or two swollen glands in the neck which I presume are caused by absorption of poison from the intestine. The diarrhoea, however, in these cases carries off the poison already present and the change of diet prevents any fresh introduction. Where such is not the case and constipation is present instead of diarrhoea the absorption is more complete and glandular fever, as in the instance I am about to relate, results. This child's symptoms were so very similar to those of others round about him suffering from the epidemic, with the exception that (1) he was constipated instead of purged, and (2) the swelling of the glands was more complete, that I cannot help thinking that there is some connexion between the two disorders. That the infection is derived from the intestine rather than from the pharynx is the view held by many responsible authorities. Secondly, as to the termination of the disorder Dr. Dawson Williams observed that this is "marked by the passage of thin greenish faeces mixed with mucus" and Dr. Charles W. Chapman² noticed epistaxis in four out of five cases. In my case convalescence was begun by a sudden attack of hæmaturia and by the voiding of two or three offensive stools. The temperature came down at once and improvement was fairly rapid.

The patient was a healthy child, aged three years, with good family history. He went to bed apparently well on Sept. 6th, but he awoke soon after midnight screaming and seemed to be quite delirious. He vomited once or twice and was very feverish. He was a little better on the morning of the 7th, but was hot and restless all day. After another bad night I was sent for on the 8th to find the child with a temperature of 102.8° F. and a certain amount of tenderness across the bowels, which had not been moved for two days. There was no sore throat and no marked redness of the pharynx. The next day the temperature was 103° and there was a tender swollen gland along the anterior border of the left sternomastoid. The bowels had been opened after a dose of castor oil, but the tongue was very coated and the child refused all food. On the 11th the whole chain of glands on the left side were enlarged and tender. The temperature was still up to 102.6° and the patient was much distressed. The right side now began to be affected and on the morning of the 14th the head seemed to be fixed by a row of hard glands on each side, the temperature reaching 103.5°. In the evening of the same day I was summoned to find that the patient had been seized with an attack of hæmaturia. The temperature, however, was lower (102°) and the child seemed easier. He had a fairly good night and the next morning, after the passage of two or three watery stools, the temperature fell to normal. Though the urine contained a trace of albumin till the 20th and the swelling of the glands did not entirely subside for some little time, the child never afterwards retrogressed, but made a complete, if somewhat tardy, recovery.

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A CASE OF ACUTE INTUSSUSCEPTION.

BY FREDERICK BROOKE, M.R.C.S. ENG.

CASES of acute intussusception are so grave in character that notes of those in which treatment has been attended with a successful issue will probably be of interest, especially since, as appeared in a recent article by Dr. F. Holme

Wiggin in the columns of THE LANCET,¹ opinions differ as to the best method of treating them.

On Aug. 29th last I was called to see a female child, eleven months old, who, the mother informed me, had suffered from constipation and until that morning had not had a motion since Aug. 27th. The motion which had just been passed was lumpy in character and was slightly streaked with blood; it was not saved for my inspection. The child was well nourished but pale, was rather sunken about the eyes, and had a somewhat anxious expression. She had occasional paroxysms of pain, but in the intervals she was bright, took notice of her surroundings, and raised herself up in her cot. There was no vomiting. The pulse was not quick, but full and regular, and the skin was dry. The appetite had fallen off. Two hours before my arrival the mother had administered a teaspoonful of castor oil. The abdomen was moderately distended and not particularly sensitive to pressure. The resonance of the colon was well marked. A provisional diagnosis of constipation associated with flatulence was made and laxatives and a carminative mixture were prescribed. At my visit about 11 A.M. on Aug. 30th the eyes were sunken and the face pale and anxious-looking. The child was in great pain, there were violent straining and tenesmus, and the buttocks were covered with blood-stained mucus which was seen to be exuding from the anus; there was frequent vomiting. On passing my forefinger into the rectum I found it almost entirely occupied by a sausage-shaped tumour round which the finger could be swept and presenting a central orifice. Pressure, however slight, on the abdomen gave rise to great pain. To effect reduction I made use of enemata of warm water combined with inversion of the patient. At the first attempt practically none of the water was retained, but as it was forcibly injected a subsequent examination showed that the tumour had receded very slightly. After a short interval another pint of water was injected slowly but forcibly, and since a certain quantity of this was retained I now had the patient inverted. Per rectum the intussusception could now only barely be reached with the tip of the forefinger. Once more the treatment was repeated, the rectum being encouraged to retain as much of the fluid as possible and inversion practised as before. A further examination failed to show any signs of the presence of the intussusception. The hips were now elevated and the child ordered to be kept perfectly quiet. On calling two hours afterwards I was informed that the patient had rested quietly, had not been sick, and was very willing to take nourishment, which was only allowed in small quantities at a time. Drop doses of tincture of opium were ordered every four hours to quiet peristalsis and the patient was allowed to suck ice. On my visit at 11 A.M. on Aug. 31st I found that the child had slept for two hours at a time and that she had pain only occasionally; the abdomen was sensitive to pressure and was moderately distended. She vomited once in the early morning and once again at 6 A.M. The patient seemed brighter and the eyes were less sunken. During the day she passed flatus several times. The resonance of the colon was well marked. At 8 P.M. I was informed that there had been no further vomiting and that the child had "talked" for the first time since her attack and shown an inclination to play. Nourishment was taken readily. There was no discharge from the bowels. On Sept. 1st the child passed an almost healthy motion in the morning, the only departure from normal being the admixture of a perceptible quantity of mucus. She was laughing and playing in the mother's arms when I made my visit. The further progress of the case presented no points of interest and there has been no return of the symptoms.

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¹ Infantile Intussusception: A Study of One Hundred and Three Cases treated either by Enemata or Laparotomy, and a Report of Two Hitherto Unreported Cases, THE LANCET, Aug. 28th, 1897, p. 625.

SLAUGHTER-HOUSES IN BATH.—At a meeting of the Bath Sanitary Committee, held on Oct. 4th, the sub-committee recommended that if a person or a private company would submit plans for the erection of slaughter-houses on an approved site they should be favourably entertained. This recommendation was adopted, and a resolution was passed urging the Corporate Property Committee, who own the slaughter-houses in Parson's Yard, to treat for the surrender of the lease in order to close them.

¹ THE LANCET, Jan. 16th, 1897.

² THE LANCET, Feb. 20th, 1897.

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. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

A CASE OF STREPTOCOCCUS PYÆMIA TREATED WITH ANTI-STREPTOCOCCIC SERUM.

(Under the care of Mr. BUTLIN.)

IN THE LANCET of July 10th, 1897, p. 91, we published a case of pyæmic arthritis which had been under the care of Mr. Butlin and Mr. Lockwood and in which recovery occurred after the use of anti-streptococcic serum; but in that case no bacteriological evidence of the presence of streptococci was available, and, moreover, there was no definite proof of any benefit resulting from the injections. In the following case the pus from an affected joint gave a pure culture of streptococci, but the injections seemed to be of no obvious utility and death ensued very much as if the serum had not been employed. Up to the present time no certain decision can be expressed as to the value of anti-streptococcic serum; its employment has in certain cases been followed by recovery, but not in a sufficient proportion to justify the opinion that the serum was certainly the cause of the recovery. It is therefore highly desirable that as many cases as possible should be put on record in which it has been employed intelligently and with a bacteriological examination of the case. For the notes of this case we are indebted to Mr. J. Preston Maxwell, house surgeon.

A man, aged sixty-seven years, was admitted into St. Bartholomew's Hospital on April 15th, 1897, with the following history. He had always enjoyed good health until August, 1891, when he had an attack of cellulitis of the right arm and forearm. The following December he was admitted into the hospital, and a localised abscess in the neighbourhood of the right elbow was opened. In January and again in July, 1893, he was admitted with another abscess in the same situation. No necrosed bone was found on any of the occasions, and he left the hospital in August, 1893, well, with all the incisions soundly healed. He returned to the hospital on April 15th, 1897, saying that for the past week the right elbow had been swollen and painful and that it had begun to discharge. From the middle of the forearm to the middle of the arm the limb was swollen and cedematous and the skin was red. In front of the elbow-joint was a discharging sinus, and fluctuation could be obtained over the inner surface of the ulna. Several scars of old incisions were present around the joint. The temperature was 97° F., the pulse was 96, and the respirations were 30. About an hour after admission he had a severe rigor and the temperature ran up to 104°, falling again to normal in about an hour. The same evening he was anaesthetised and the elbow explored. The sinus in front was found to lead directly into the elbow-joint, of which all the articular surfaces were bare of cartilage. The joint was washed out with a solution of biniodide of mercury (1 in 2000), and counter incisions for drainage were made. The abscess on the inner surface of the ulna was opened, and found to communicate with the joint. He passed a bad night, and his temperature gradually rose till it reached 103° at 11 A.M. on the 16th. His condition was then worse; he was drowsy, his pulse was 100, and the respirations were 30; the bowels were not open, and as he had retention of urine a catheter was passed. In the evening of the 16th he began to complain of pain and stiffness in his left shoulder-joint, which was found to be distended with fluid. He was again anaesthetised, the skin was disinfected, and a sterilised needle was introduced into the joint; pus was withdrawn, which on being cultivated yielded a pure culture of streptococci. An incision was made downwards from the point of the shoulder, the fibres of the deltoid were separated, and the joint was opened; it was washed out thoroughly with solution of biniodide of mercury (1 in 2000) and a counter

opening made for drainage into the axilla. His temperature continued to rise, and at 7 A.M. on the 17th it had reached 104°. He was worse and had begun to pass his motions under him. At 6 P.M. the first injection of anti-streptococcic serum was given, 15 c.c. being injected into the right rectus abdominis muscle. At midnight 10 c.c. more were injected, and sulphate of quinine was given in doses of five grains every six hours until twenty grains had been given. On the 18th his condition was still worse; he was semi-comatose and was passing everything under him. His temperature was 102°, the pulse was 84, and the respirations were 40. He was perspiring profusely and was able to take fluids fairly well. His whole body seemed to be tender, pressure anywhere appearing to cause pain. His other joints were natural. The joints which had been opened were irrigated daily with a solution of biniodide of mercury (1 in 4000) and dressed with anti-septic gauze. At 11 A.M. a further injection of 10 c.c. of the serum was given, and at 10.30 P.M. 15 c.c. were injected. The administration of quinine was also continued. He grew steadily worse, and on the 19th he was almost comatose and could not recognise his friends. The urine and motions were passed involuntarily. The temperature varied from 100° to 104°; 10 c.c. of anti-streptococcic serum were injected at 10.30 P.M. and the dose was repeated at 11.30 P.M. He now commenced to take nourishment badly and was unable to swallow properly. During the 20th he steadily grew worse; 10 c.c. of the serum were given at 10.30 A.M., but after this the injections were stopped, as it was clear that the patient was dying. He remained unconscious till his death at 1.20 A.M. on the 21st. After death the temperature rose till it reached 105°. A post-mortem examination was not allowed, but as far as could be ascertained no result whatever had followed the injections and no rash or inflammation appeared at the sites of puncture of the hypodermic syringe.

ST. MARY'S HOSPITAL.

FIVE CASES OF INJURY TO THE HEAD.

(Under the care of Mr. H. W. PAGE.)

IN few of its departments has surgery made more advance of recent years than in the treatment of fracture of the skull and its complications. Trephining was always a perilous procedure when there was so much likelihood of a septic meningitis following the operation; but at the present time it is not accompanied by anything more than a very slight risk if due care is taken in the performance of the operation and complete asepsis is practised. C. B. Nancrede has shown¹ that at the present time the mortality from trephining is less than one-seventh of that occurring in pre-antiseptic days.

CASE 1. *Abscess in frontal lobe following fracture of frontal bone*.—A little boy was admitted to the hospital early in March, 1896, with a small open wound over the right frontal eminence, from which there was said to be a great quantity of purulent discharge. It had been caused by a blow on the part some weeks before. The child had a normal temperature and seemed to be in no way ill save that he was somewhat apathetic, listless, and dull. The propriety of examining the bone was obvious, and having enlarged the wound there was found a punctured fracture, and pus welled up from within the cranium. A piece of bone was therefore removed by a quarter-inch trephine, when it was seen that the pus came from beneath the dura mater and the probe passed into a cavity in the frontal lobe. The opening into this was dilated, and thus the cavity was washed out and a small drainage-tube was inserted. The discharge ceased with striking rapidity and in a few days the boy was well. A marked change, moreover, became noticeable, in that the dull, listless, and apathetic child became bright, merry, and playful. The case, indeed, afforded a very good example of the kinds of mental disorder which have often been noted in connexion with lesions of the frontal region of the brain.

CASE 2. *Compound comminuted depressed fracture; trephining a week after the injury*.—A boy, aged ten years, was brought to the hospital on March 19th, 1897, with a history that on the 12th he had been struck by the seat of a swing on the right side of his head. There was a good deal of bleeding from a wound an inch long an inch above the tip of the auricle,

¹ Medical News, Philadelphia, 1888, p. 85.