

occurrence; as is also the absence of any sac. The case also goes to show how reticent some women are in confiding all their troubles to the medical attendant; and also how some will attempt to diagnose and take the treatment of their condition into their own hands.

Whittlesey.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF RECURRENT ILEO-CÆCAL INTUSSUSCEPTION; OPERATION; RECOVERY.

By J. D. FIDDES, M.A., B.Sc., M.B., CH.B. ABERD.,
LATE RESIDENT MEDICAL OFFICER, ROYAL HOSPITAL FOR
SICK CHILDREN, ABERDEEN.

THE patient, a boy, aged 3 years, was admitted to the Royal Hospital for Sick Children, Aberdeen, at 11 A.M. on Feb. 24th, 1911. He had become acutely ill on the same morning at 5 o'clock. The condition on admission was as follows. Temperature 98° F.; pulse 120. The child looked very ill, and every few minutes brought up a green bilious vomit. There were very evident spasms of severe colicky pains coming on every three minutes, during which he cried and drew up his legs. The bowels had moved the day before admission, when the stool was green and foul-smelling. The child was now passing only clear mucus by the rectum. No blood had been seen. The abdomen was soft and easily palpable. The patient was very quiet between the spasms of colic. A distinct sausage-shaped tumour was discovered at the outer edge of the right rectus just below the liver. No abnormality was felt per rectum.

The mother stated that for the last 18 months the child had been troubled with constipation, and had several acute attacks of colicky pains, but that medical advice had not been sought, except on two of these occasions when the pain had been more severe. Dr. Laura S. Sandeman had been called in, who kindly informed me that the first of these occasions was about ten months previous to the present attack when the case was diagnosed as one of intussusception, a distinct tumour being felt on the right side of the abdomen. There was at that time vomiting, but no blood was passed by the rectum. The medical attendant arranged immediately for the child to go into hospital, but on returning to see him previous to removal found that all the symptoms had disappeared. The attack lasted 24 hours. The second severe attack was about three months before admission, and was somewhat similar to the first. On this occasion the child again had vomiting of a bilious character, but, in addition, had passed blood per rectum. The attack lasted only from three to four hours. There had been two or three minor attacks between these two severe ones.

On admission the child was at once taken into the operating theatre and Mr. H. M. W. Gray opened the abdominal cavity by a paracentral incision, retracting the right rectus muscle outwards. There was found to be a well-marked ileo-cæcal intussusception, about 2 inches in length. The ileum about 8 inches from the ileo-cæcal junction was seen to be bound down by adhesions to the upper and back part of the pelvis for the extent of about 2½ inches. The appendix was partially embedded in these adhesions and was 6 inches long, club-shaped, and showed distinct signs of chronic inflammation. The intussusception was reduced easily. The adhesions joining the ileum to the pelvis were then divided and the raw area left was covered by transplanted omentum which was fixed in position by a few interrupted iodine catgut sutures. The appendix was removed and the abdomen closed. Ether, given by the open method, was administered by Dr. A. Ogston.

The recovery of the patient was uneventful. There was no post-operative vomiting and no special post-operative treatment was adopted. The bowels moved naturally 24 hours after operation, and in 56 hours the child was on ordinary hospital diet and looking exceedingly well. The skin sutures were removed on the fourth day and the boy left hospital on the tenth day after operation.

The interest of the above case lies in the fact of the lack of any very severe symptoms, the comparatively small extent of the intussusception, and of the spontaneous cure of the previous attacks, all of which were, without doubt, due to the presence of the adhesions between the lower part of the ileum and the pelvis, which prevented more than the "slack" of the ileum from entering the intussusception. The child has remained in perfectly normal health since the operation.

I am indebted to Mr. Gray, surgeon to the hospital, for permission to publish this case.

Sheffield.

NOTE ON A TOXIC EFFECT OF ASPIRIN.

By ALEXANDER BROWN, M.B. LOND., M.R.C.S. ENG.,
L.R.C.P. LOND.

ASPIRIN is frequently taken by persons without medical advice, and a toxic symptom which I believe must be fairly common, though little commented upon, is therefore worth noting.

Several years ago I was called at night to see a man to whom I had that day prescribed tabloids (10 grain doses) of aspirin for rheumatic fibrositis of the shoulder muscles. I found him pacing his bedroom in a state of great alarm and presenting an extraordinary appearance. His face was bloated so as to be hardly recognisable, the lips were immensely swollen, the palpebral fissures were closed owing to œdema of the lids, the tongue was so enlarged that it could not be protruded, and he was unable to articulate. Large dusky wheals of urticaria covered the thorax and arms. The condition had developed suddenly. After some hours, during which I remained with him, giving him ice to suck and sips of cold strong infusion of tea, the condition subsided sufficiently to enable me to see his fauces, which were œdematous and dusky. All medication was stopped, and by next day the patient had recovered. I suspected the aspirin, but he himself ascribed the condition to food poisoning. At a later date, in order to test the accuracy of my opinion, I prescribed one tablet (5 gr.) of aspirin. This was followed by urticaria of the arms which lasted for a day.

A second experience of the kind has occurred in my practice. A young woman gave the following history. She had returned from business on a Saturday afternoon with a headache and had lain down for a few hours, and had then risen and dressed to go to an entertainment, but at the railway station she suddenly felt her lips, jaws, and tongue to enlarge, and she returned home in great alarm. Her mother stated that her face was almost unrecognisable, being covered with a swollen rash. When I saw her, an hour and a half later, there was nothing whatever to see except one or two faint blotches on the arms. I put the question, "Have you been taking any tablets?" "Yes," was the answer; "but only two aspirins for my head." The diagnosis was clear.

It is interesting to think whether such toxic effect is due to impurities in the drug, or whether it may be idiosyncrasy. Probably it is the latter, for though in the first case mentioned above the drug was probably pure, in the latter case there was not the same guarantee with the tablet. Nevertheless, the young woman remembered on three previous occasions to have taken aspirin without such result. And even if the toxic effect be due to impurity it is quite likely that idiosyncrasy must still be called in to explain the occasional poisoning which occurs among the hundreds of people who take the undoubtedly large number of impure specimens of the drug on the market.

Bartholomew-road, N.W.

NOTE ON A CASE OF TORSION OF THE TESTICLE.

By WILFRID ATTLEE, M.D. CANTAB., M.R.C.S. ENG.,
L.R.C.P. LOND.,

ASSISTANT PHYSICIAN, KING EDWARD VII. HOSPITAL, WINDSOR.

THE following incident may prove of interest to the readers of THE LANCET.

A boy at school, aged 16½ years, was kicking a football about, and felt some pain in the right testicle. He took little notice of it, and came in when he had finished his game, had his bath, and ate his tea. The pain continued, however, and increased, and he began to feel faint and