The exercises are as follows, carried out with the patient lying supine on the table:—

1. *Head twisting*.—The head is slowly rotated as far as it will go to the right, then slowly to the front again, then slowly to the left, then slowly to the front, the patient counting audibly 1, 2, 3 during each movement. This is repeated six times.

2. *Head sideways bending*.—The head is laterally flexed slowly to the right, so as to bring the right ear close to the right shoulder, then slowly back to the median position, then slowly to the left, then slowly back again. During this exercise the patient looks up at the ceiling, and the back of the head rests on the table, in contrast to exercise No. 1, when he looks alternately over one shoulder and then over the other. As in the former exercise, the patient counts aloud during each movement, which is repeated six times.

At first these movements are performed passively by the surgeon; but the patient is encouraged to help actively, and by the fourth or fifth day can do them perfectly well by himself. When the child leaves the hospital after the stitches are out, the mother is shown what the exercises are, and is made to carry them out in the presence of the surgeon. It is explained to her why the exercises are ordered, and why she must continually correct the patient if he holds his head crookedly. The patient is not seen again.

It has been objected that the mothers of hospital patients are not sufficiently intelligent to carry out home treatment of their children. It will be found that the stupidity of the mother bears an inverse ratio to the care and patience of the surgeon. The four cases were as follows:—

CASE 1.—A. B., reg. no. 3371, aged 5 years. Difficult labour, instrumental; head presentation. Left torticollis, only noticed one year ago. Operation Sept. 11th, 1909. Left hospital Sept. 17th. Not heard of until April 13th, 1911, when the mother said he held his head perfectly straight, and was just the same in every way as his brother (see Case 3). The exercises were done for three months.

CASE 2.—C. D., reg. no. 3664, aged 4 years. Normal labour. Left torticollis, first noticed when 11 months old. Operation Oct. 7th, 1909. Left hospital Oct. 13th, but came back to have stitches removed. Not seen until April 21st, 1911, when absolutely cured. The exercises were done for one year.

CASE 3.—E. F. (brother of patient in Case 1), reg. no. 3842, aged 11 years. Breech presentation. Left torticollis, noticed when 7 or 8 years old. Face asymmetrical; left eye lower than right. Operation Oct. 19th, 1909. Left hospital Oct. 24th, but came back to have stitches removed. Not seen until April 13th, 1911, when absolutely cured. Face symmetrical. Exercises done for three months.

CASE 4.—G. H., reg. no. 3885, aged 4 years. Difficult labour, instrumental. Right torticollis, noticed when 6 months old, when received by foster mother. Operation Oct. 22nd, 1909. Left hospital Nov. 11th. Not seen until April 13th, 1911, when absolutely cured. Exercises only done one week.

Thus complete cure has been brought about in four cases without the aid of retentive apparatus; that is to say, in these four cases retentive apparatus was needless. Is it not needless in all other cases which come within this scope?

There is nothing new in what I have written: my father in 1884¹ drew attention to the same matter. Yet still the use of retentive apparatus goes on, and each surgeon endeavours to invent some new apparatus when none is wanted.

Harley-street, W.

A CASE OF SUPPURATING INGUINAL OVARIAN HERNIA; OPERATION; RECOVERY.

By JOHN J. WADDELOW, F.R.C.S. ENG.

THE patient was aged 28, and had been married 11 years; she had had three children. The first confinement took place on July 22nd, 1901, when an impacted occipito-posterior presentation was delivered by perforation and cephalotripsy after ineffectual endeavours by forceps. Her second confinement was on Feb. 12th, 1906, when she was successfully delivered of a living male child by forceps. Her third confinement took place on Oct. 13th, 1910, when a dead child was delivered with great difficulty by high forceps (Neville's axis-traction). About six months after her second confinement she noticed a lump in her right groin, which she thought she had brought on by lifting weights (she had been changing houses). At first the lump would be only down occasionally and always

going back at night when she reclined. Sometimes it would come down when she put her feet to the ground. During pregnancy the lump was never in evidence.

There was never any actual pain, only a dull ache, and a feeling of sickness and making walking difficult. Thinking that this was an ordinary rupture, without taking any professional advice, she, after her own fashion, measured herself for a truss, which she sent for to a neighbouring town by the carrier. As might be supposed, this truss did not fulfil the purpose for which it was intended. After her third confinement on Oct. 13th all went well till Oct. 24th when the temperature rose to 103° F. Nothing was found to account for it, and in about a week it gradually subsided without giving rise to any symptoms. After a few days she got up and came downstairs. On the first day after getting up the lump reappeared. On Nov. 15th, after a hearty supper, she went to bed, and about 4 A.M. I was suddenly summoned on account of her waking up in violent pain. On my arrival I found that the pain was in the right iliac fossa; the temperature was 103·4°. I ordered hot fomentations and a liquid diet, fully expecting I had a case of acute appendicitis to deal with; but instead of the usual constipation the bowels became loose, and on Nov. 18th the pain and tenderness were much less and the temperature had fallen to 100°. Then it was that she told the nurse about the lump, who immediately told me.

On examination there was a tender swelling in the right inguinal region a little below the external ring just at the top of the right labium majus. The swelling was irreducible and no impulse could be obtained, but after manipulation it ached considerably. With the decrease in the pain and tenderness in the right iliac fossa the reverse occurred in the groin. The swelling became red and very tender. This was the condition of affairs on Nov. 21st and the temperature had risen from 99° to 100·4°. The bowels were slightly constipated, but there was no vomiting or collapse indicating strangulation. I advised operation.

On the following morning (Nov. 22nd), although she was menstruating profusely, I cut down, making the usual incision for radical cure of inguinal hernia. The skin had become thickened and oedematous, and after proceeding very carefully I came upon a round mass surrounded by a large quantity of organised lymph. In working round this with my fingers the abscess gave way and discharged a quantity of odourless pus. After some patient manipulating I succeeded in separating the mass from its surrounding adhesions and tracing it up to the external abdominal ring, when I put some traction on; the mass proved to be the ovary and the Fallopian tube with the broad ligament. This I drew down and ligatured with silk, and having cut off the ovary I let the stump slip back. I failed to find any trace of a peritoneal sac. I then proceeded to pass a suture through the external pillar of the ring when a sharp gush of venous hæmorrhage occurred. What was actually pricked I could not tell, but my index finger was in the canal and the point of the needle was pressed against it. This gush stopped on pressure, and I refrained from any further attempts at ring suture. The wound was washed out and united with ten interrupted silkworm-gut sutures, and a small drain was inserted at the lowest point.

No pain was experienced after the operation, but on account of the menstruation the dressing had to be changed the next day and again on the following day. On Nov. 24th the temperature was normal and the tube was taken out and a collodion dressing substituted for the bandage. On Nov. 29th three stitches were removed and on Dec. 2nd the rest were removed, the wound having healed by first intention despite the presence of pus at the operation. On Dec. 7th the patient got up for the first time.

Doubtless during pregnancy the fundus of the uterus rising up drew upon the Fallopian tube and brought the ovary away from the neighbourhood of the internal abdominal ring to a higher position in the pelvis, and then on the occurrence of involution it returned to its old position. The interesting points, clinically, were that the condition simulated appendicitis, making it doubtful whether the acute attack of pain was in reality appendicitis. Again, that as the abdominal symptoms waned the inguinal ones waxed.

Hernia of the ovary is usually an infantile condition and associated with a patent canal of Nuck as in a congenital hernia. Hernia of the ovary coming on in adult life by itself and not as a portion of a pre-existing hernia is a rare

¹ Bernard Roth: Brit. Med. Jour., "The Treatment of Non-Spasmic Wry Neck," June 14th, 1884.

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.,
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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.,
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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