statement can be made. The calibers of appendices vary very much. What would be an insignificant particle for one might completely obstruct another. Likewise little can be said about the rôle the valve of Gerlach plays in preventing matter from entering the appendix. Of the several specimens of bowel that I have examined, in only one was there a lengthening of the mucosa that might have been called a valve.

Under ordinary circumstances the mucous lining itself is sufficient to act as such.

Van Zwollenberg³ has recently published several series of experiments in which he shows that obstruction is a chief factor in the production of appendicitis, but he considers the subsequent distension of the appendix with fluid, which impedes the circulation, to be the essential cause. That the circulation of the appendix might be more readily interfered with from an inflammation of the lymphoid tissue in which the appendix is especially rich, apparently escaped his notice.

Distension of the appendiceal cavity with fluid would take place rather gradually, and symptoms—if any were produced—would not come on so abruptly. Furthermore, cysts of the appendix are not very uncommon and they are seldom associated with inflammation of that organ. I found one in the course of the several experiments, where the distal half of the appendix contained a considerable amount of fluid with no other abnormal changes.

Importance has been attached by some authors to Clado's discovery of a special peritoneal fold connecting the ovary and appendix (appendico-ovarian ligament). Its supposed extra blood supply is thought to explain the comparative infrequency of appendicitis in females. Even if Clado's ligament were a constant anatomic structure (which it is not), it would not explain the disproportion of the disease in the two sexes, or the rarity of the disease in male infants and young boys and in old men, since the main arterial supply is seldom primarily affected from the inflammatory process within the appendix wall.

Before this question will be definitely settled further experiments will, perhaps, be necessary.

In conclusion I wish to sincerely thank Professor Le Count for many suggestions and in supplying me with material. I am also greatly indebted to Drs. Bassoe and Stober for their kindness in providing me with desired specimens for the experiments.

Clinical Reports.

A CASE OF PRECOCIOUS MENSTRUATION.*

M. J. FORD, M. D.,
OMAHA.

Patient.—I was recently called to see a child who had swallowed a baby pin and was at once struck with the unusual development of the child. It was two years and four months of age, but had the body and limbs of a much older child.

History.—The child was born May 13, 1902, and the mother noticed soon after its birth that the external genitals were enlarged. She asked her attendant about it and was told that it was a little swelling, which would soon disappear. The child was fretful and cried practically all the time when awake till it was six months old. Its sleep had never been good, and it was always restless. When six months old the mother noticed that the child was bleeding as if menstruating. The flow became very free and the child sank into its first peaceful sleep. The flow continued for 3 or 4 days, just as

mother, but she did not consult her physician. After 28 days the flow again made its appearance and continued for the same time and in the same quantity. Since then the child has menstruated every 28 days regularly for the same number of days and showing the same quantity, soiling 2 napkins a day, except that on two occasions there was a little delay, corrected by warm drinks and foot baths.

Family History.—There is nothing abnormal to be found in the history of the grandparents or parents. The parents are Americans, aged 33 and 32. The mother began her menstrual life at 14, and it has been a normal one. The only peculiarity noticed was that she was unable to feel well and hearty in this pregnancy as in two previous ones. Nausea was not unduly prolonged in early pregnancy.

The mother reports that the child, though fretful and restless prior to the establishment of menstruation, has been perfectly well ever since. Other than the condition named as preceding the first menses, there has been no prodrome to the successive menstruations. The mother has seen nothing to indicate any attempt to masturbate. The child opposes exposure more than ordinary children of her age and shows decided modesty.

Examination Before the Society.—The child is of normal height and face for one of her age. The breasts are well developed and of good size, as are the nipples. The trunk and legs show the development of a much older child. The hips are broad and rounded, and the calves well developed. The mons veneris is large and covered with a good growth of long, silky hair, which is light in color but beginning to change to a darker shade. The labia are large and very prominent.

Comment.—So far as the literature in private and public libraries shows, there is but one recorded case of menstruation before the age of one year, and that showed the establishment of the menses just prior to that age. This case is unique in that the menses were established at apparently the earliest age on record.

FIBRO-ADENOMA OF THE LACHRYMAL GLAND.

LYMAN SKEEN, JR., M.D., PH.D.
OGDEN, UTAH.

Patient.—Mr. J. A. T., aged 82, came to me in July, 1904, with a tumor the size of a hazel nut at the outer canthus of left eye.

History.—A history of gradual development with no pain was obtained. The patient had been told that cancer existed and the sun glass and x-rays had been used as treatment. One operation on the under surface of the lid had been done before I saw the case.

Examination.—The tumor was pressing on the eyeball and interfered with its movement; a portion of the growth presented below the border of the upper eyelid. A clear fluid was discharged from a sinus near the outer edge of the orbit.

Diagnosis.—Benign tumor of the lachrymal gland.

Operation.—Under general anesthesia the entire mass was removed *en masse* through an incision along the eyebrow. On microscopic examination it proved to be a fibro-adenoma of the lachrymal gland. The wound healed without complications and with no tendency to recurrence.

I present this case not only because of the rare occurrence of tumors of this gland, but because of the excellent result obtained by this radical operation.

Mouth and Rectal Temperature.—Ostenfeld writes to the *Ztft. f. Tuberkulose*, V, 5, to extol the advantages of the rectum for determination of the temperature in tuberculosis. By careful comparison of the temperature findings in the mouth and in the rectum it is possible to determine the difference for each individual. When this is once ascertained the temperature can then be taken in the mouth thereafter, making allowance for the difference.

3. THE JOURNAL A. M. A., vol. xlii, No. 13, p. 820.

*This case was presented to the Omaha (Douglas County) Medical Society, Sept. 27, 1903.