

was soon discharged. The cover-glass showed numbers of streptococci and the culture was a pure one of that organism. From the time of the injury to the time when the man was treated could not have been over four hours.

Boston, U.S.A.

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.

NORTH-EASTERN HOSPITAL FOR CHILDREN, HACKNEY-ROAD, E.

A CASE OF VOLVULUS OF THE SMALL INTESTINE IN A
CHILD, AGED SEVEN YEARS.

(Under the care of Mr. J. P. LOCKHART MUMMERY.)

FOR the notes of the case we are indebted to Dr. G. P. Norman, late house physician and acting resident medical officer.

The patient was a boy, aged seven years. He was sent to the North-Eastern Hospital for Children as a case of appendix abscess. The history was that for some time the child had had a bad cough but it had got slightly better recently. At 6 A.M. on the day before admission the child complained of severe pain in the abdomen. Two hours later he was sick and vomiting continued throughout the day at frequent intervals. There was no action of the bowels, though he had had a normal motion on the previous day. On the next day the pain continued and he vomited twice in the morning. The mother did not notice anything special about the vomit. He was seen by a medical man in the afternoon who sent him to the hospital at once.

On admission at 4 P.M. his face was flushed and he seemed in pain. His respirations were rapid and noisy. The pulse was very rapid and running. He did not vomit after admission. Râles and rhonchi were present in both lungs but there was no dulness. The lower part of the abdomen did not move with respiration and a swelling could be seen in the upper part of the right iliac fossa; the skin was not red over it. On palpation the swelling felt rounded and firm and was very tender. It was dull on percussion. Good resonance was obtained over the remainder of the abdomen. Per rectum nothing definite could be felt. There was no distension of the abdomen. The pulse-rate was 130, the respirations were 40, and the temperature was 99·8° F. The temperature was higher when taken at home. Everything seemed to support the diagnosis of appendix abscess and it was decided to operate. Mr. Mummery performed the operation under chloroform.

An oblique incision two inches long was made through the skin over the appendix area, the muscles were divided, and the peritoneum was opened. On opening the abdomen some blood-stained serum escaped and a black mass could be seen. The incision was enlarged and the mass was found to be a loop of intensely congested small intestine, close to the cæcum, which had been twisted on itself. It was extremely tense but still shiny. Gas slowly oozed from one pin-hole spot when the bowel was handled. As the twist could not be undone without bursting the bowel and its recovery was very doubtful it was decided to resect it. A pair of clamps was then put on the bowel at each end of the congested portion and the bowel was divided between the clamps and the affected portion removed, the peritoneum being ligatured in several portions. The ends of the divided bowel were united by means of a Murphy's button reinforced by a few sutures, this being the most rapid method possible. The incision through the peritoneum, muscles, and skin was then closed except at the lower end where a gauze drain fixed in a piece of india-rubber tubing was put down to the junction in the bowel. During the early part of the operation the condition of the patient was bad, but it improved later, though the pulse continued weak. Six ounces of normal saline solution were injected shortly after the operation, but the patient gradually grew weaker and died eight hours after the operation. On

examining the portion of bowel removed the volvulus was found to have occurred around a caseating gland in the mesentery. It was only with considerable difficulty that the bowel could be untwisted, even after it had been removed.

Remarks by Mr. MUMMERY.—Volvulus of the small intestine is a very rare condition and is said not to occur in normal bowel. In this case the caseous gland in the mesentery appeared to have been the point about which the twist occurred and the direct cause of it. The close resemblance of the condition to appendix abscess was remarkable and it seemed hardly possible to have made any other diagnosis. The classical symptoms of acute obstruction were not prominent. Vomiting was well marked during the first 24 hours but on the second day had almost ceased and at no time was there fæcal vomiting. There was no distension of the abdomen at all and the swelling caused by the strangulated bowel was not resonant on percussion.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Human and Bovine Tuberculosis; with Especial Reference to Treatment by Special Kinds of Tuberculin.

A MEETING of this society was held on Feb. 26th, Mr. J. WARRINGTON HAWARD, the President, being in the chair.

Dr. NATHAN RAW read a paper on Human and Bovine Tuberculosis. He said that tuberculous infections of the human body were divisible into two groups: (1) those caused by the bacillus typus humanus, and (2) those caused by the bacillus typus bovinus. These bacilli were varieties of the same species, but gave rise, according to the method of infection, to quite distinct and different lesions. The cultural differences between bacilli of human and bovine origin were sufficiently characteristic when typical to differentiate them, but the microscopical appearances of the bacilli were not characteristic. His conclusions were based on a clinical observation of over 4000 cases of phthisis pulmonalis, including over 700 careful post-mortem examinations on cases of tuberculosis, together with laboratory research and animal inoculation. Provisionally he classified the various tuberculous lesions in the human species into two great groups as follows. Group I.—Lesions caused by the tubercle bacillus, typus humanus. (a) Phthisis pulmonalis; (b) secondary ulceration of intestines; and (c) tuberculous laryngitis. Group II.—Lesions caused by the tubercle bacillus, typus bovinus, conveyed by milk, meat, &c., and also by direct infection. (a) Acute miliary tuberculosis; (b) primary intestinal and mesenteric disease, including (1) tabes mesenterica, (2) tuberculous peritonitis, and (3) tubercle of the pelvic organs; (c) tuberculous lymphatic glands; (d) tuberculous joints and bones; (e) lupus; (f) tuberculous meningitis; and (g) tuberculous ulceration of the cornea. The chief object of the paper was to produce evidence of an important character, as the result of the inoculation of animals, to show that tuberculous glands of the neck are of bovine origin, the result of absorption through the tonsils and mouth. Human and bovine tuberculosis were apparently antagonistic to each other and a mild attack of one seemed to confer immunity against the other. This had an important bearing on treatment. He had had a new tuberculin prepared based on these observations and results would be announced.

Dr. DAVID LAWSON said that he had been struck by the fact how seldom the so-called surgical forms of tuberculosis were present in cases of well-marked pulmonary tuberculosis. Out of some 700 cases of pulmonary tuberculosis in various stages of the disease he had only seen three cases with surgical tuberculosis. On the other hand, he had difficulty in accepting the suggestion that the difference in infection was due to a variation in the organism. Miliary tubercle was said by Dr. Raw to be due to the bovine type, whilst pulmonary phthisis was due to the human type, and yet it was not uncommon to see pulmonary tuberculosis terminate in a miliary tuberculosis, and he could not think that the patient had become infected by another variety of the organism. Dr. Raw had stated that T.R. tuberculin did not exert a beneficial