

rigor occurred on the afternoon of the 29th, his temperature at 6 P.M. rising to 105.6° (the pulse was 112), reduced by sponging to 102.6° and falling to normal at 10 P.M. and to 97° at 2 A.M. (a fall of 8.6° in eight hours). Apart from the remittent (and intermittent) temperature the boy's condition appeared good and there was no marked change either generally or locally. Dr. T. W. Hicks of Finchley saw the case in consultation on the 30th. There were no indications for operative interference and nothing could be found to account for the rigors; he had had a fourth in the early morning of that day. The local condition at this time prompted the somewhat old-fashioned diagnosis of "typhlitis," a definite, only slightly tender, sausage-shaped swelling being felt with its large axis vertical rather external to the region of the cæcum. The temperature kept very remittent on the 30th and 31st, and six rigors occurred during the 48 hours. When seen by Mr. Corner on Feb. 1st the patient was bright and cheerful, the tongue was covered with white fur, the temperature was 99.6° , and the pulse 84. The abdomen was not distended, moved on respiration, could be palpated all over, and was only tender in the right loin. The right rectus was a little more tense in its middle than the left. Some cutaneous hyperæsthesia was present in the loin and at the side; there was none in front. The liver was not tender or enlarged. Considering the *pros* and *cons* of the case the appendix seemed most likely to be the cause of the trouble, and, in view of the boy's getting worse since he was seen on the Thursday before by Mr. Battle, operation was recommended, on the distinct understanding that the infection might have become too generalised for the operation to save the boy.

Mr. W. S. Rooke, anæsthetist to the Great Northern Hospital, gave the anæsthetic. The abdomen was opened through the right rectus and the cæcum found. It was fastened by adhesions into the loin. Gauze plugs were used to pack off the peritoneal cavity, which was uninflamed, and the proximal portion of the appendix was followed to the tip which was found in a small abscess cavity under the liver at the back of the abdomen and on the outer side of the ascending colon. It was removed, a gauze plug packed in the abscess cavity, and the wound closed round the gauze drain. The boy bore the operation well. On examination the distal half inch of the appendix contained a fecal concretion, was gangrenous at the tip, and perforated over the concretion. The patient rallied well from the operation and his condition on Feb. 2nd was distinctly hopeful; there were no further rigors, no sickness, and the bowels acted naturally twice during the day; he had an attack of faintness during the early morning of Feb. 3rd and slight icterus was noticed. He was dressed under an anæsthetic at midday, and at 2 P.M. his temperature rose to 103° and his pulse to 140 (at no time during his illness up to this time had his pulse exceeded 120), and on examination an area of harsh pleural friction was found over the lower left axillary region, with physical signs pointing to some underlying pneumonic consolidation. From this time he went rapidly downhill with dilatation and failure of heart, and died at 9 A.M. on Feb. 4th.

This case illustrates many clinical object-lessons in an important and common disease. 1. The great value of early operation (within 36 hours of the onset, which would have been the only chance of saving the patient). Early operation is the method of the future; far more appendices will be removed in the acute stage and far fewer in the quiet interval. When the patient is a young subject, in whom appendicitis is so common, an exploratory operation is justifiable in the early stage, even when the diagnosis is indefinite. 2. The illness began with indefinite abdominal symptoms and diarrhoea, unaccompanied by sickness. The diarrhoea is a toxic symptom, and if that symptom is present during or followed by appendicitis, that appendicitis is of a more than usually dangerous form. 3. Rigors are infrequent with appendicitis. A rigor at the beginning of the illness may mark the onset of an unusually toxic appendicitis. But should it occur later in the disease, a rigor suggests pyelophlebitis, portal pyæmia, or general pyæmia, under which circumstances a fatal result may be expected. 4. The type of fever as shown in the accompanying chart is very unusual in appendicitis. It is markedly remittent. 5. But one of the most remarkable clinical features of the case was that when the temperature was low, the pulse was quiet, and the boy not ill; yet he was probably doomed by the time of the second or third rigor. 6. Clinically, the illness was in two phases, the first without

rigors subsiding before the second began. Although the illness appeared to subside, the cause of it did not, the suppurative process reawakening and rapidly killing the patient. The almost universal formation of pus in appendicitis constitutes its great danger and variations.

To sum up, this case illustrates the import in appendicitis: of an indefinite onset, of continued diarrhoea, intermittent fever, and rigors. It shows how both the local and general clinical conditions may be unreliable. And that in indefinite cases it is better to rely on probability—a young person with serious abdominal mischief very probably has appendicitis, the seriousness of the illness may show itself in the pulse, the temperature, the sickness, the diarrhoea, &c.—and act on that, than to rely on the very indefiniteness of the case and pursue ordinary domestic treatment.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

NOTE ON A CASE OF RUPTURE OF THE HEART.

By WILLIAM H. DAVIS, M.D. R.U.I.,

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AS rupture of the heart is a lesion of somewhat rare occurrence, the following case may be of interest.

At 5.45 A.M. on July 18th, 1908, I was called to see a woman, and on arrival found her dead in bed. I had not previously attended her. She was a flabby, obese, and thick-set woman, aged 62 years; her weight was 13 stones, and she was 5 feet in height. Her previous history, which I obtained from her daughter, was as follows. She had had 12 children and five miscarriages. For a considerable number of years she had been in poor health, and several attacks of influenza were the only definite illnesses recorded. For the past three years she had suffered much from œdema of the feet (worse in the evening and after standing), dyspnoea on exertion, and attacks characterised by a feeling of faintness, clammy sweats, and vomiting. Two years ago she was told by a homœopathist that she had "diabetes." The daughter stated that her mother used to drink "quarts and quarts of water and cold tea" daily, and that she was troubled by extreme irritability of the skin and "could almost scratch her legs off."

On July 16th, two days before her death, the woman attended as usual to her household duties. On the morning of the next day she complained of feeling unwell, and about mid-day had one of her "fainting" attacks, in which she lay helpless, cold and clammy, and short of breath. During the day she vomited several times and had diarrhoea and some pain in her abdomen. Her daughter first saw the vomit towards evening and she described it to me as being "chocolate-coloured." At 8 P.M., after another attack of sickness and diarrhoea, the patient retired to bed, and at 11 P.M. she had another severe attack of vomiting, on both of these occasions the vomit being as described above. At 5 A.M. the vomiting returned with increased severity, and while "straining to get anything up" she suddenly gave a rattle in her throat and fell back dead.

A post-mortem examination was held. With the exception of some passive congestion of the liver and kidneys and a dilated stomach—the mucous membrane on the anterior wall of which showed three areas of ecchymosis varying in size from that of half-a-crown to that of a shilling—the chief interest of this necropsy lay in the cardiac condition. On puncturing the pericardium about three ounces of blood-stained fluid escaped. On enlarging this opening so as to expose the heart, this organ was seen to be flabby, toneless, and collapsed, brownish-red in colour, and to be lying on a large blood clot of the size of a saucer, and about one and a half inches in thickness at its thickest part. On the upper part of the anterior wall of the left ventricle, near the septum, a tri-radiate rent was seen. When pressure was made on the ventricle blood oozed out through this opening, which was large enough to admit the tip of the little finger. On

incising the left ventricle the anterior wall was found to be abnormally thin, being in fact only a quarter of an inch in thickness, and of this fully two-thirds of the outer part showed advanced fatty degeneration. The valve segments were normal, but there was some relative incompetence of the mitral and tricuspid valves.

Church End, Finchley, N.

A NOTE ON A CASE OF HYDATID CYST OF THE UTERUS; HYSTERECTOMY; DEATH AFTER 49 HOURS.

BY SOMERTON CLARK, F.R.C.S. EDIN.,

SURGEON TO THE MISSION HOSPITAL, DERA ISMAIL KHAN, INDIA.

Lal Bibi, an Afghan, from 30 to 35 years of age, was brought to hospital on Dec. 25th, 1908, by her father who is a shepherd. The patient had noticed a swelling in the suprapubic region 13 years ago. For four years this had gradually increased in size till it was of the size of a nine months pregnancy. The growth had never been painful. The appetite had always been good and the general health unimpaired. The menses had been quite regular both as to time and quantity, except for one whole year two years ago when they stopped altogether. Last year they again became regular. There had been no pregnancies.

On inspection the abdomen appeared to be fuller on the left side. On tapping two or three drops of whitish-yellow fluid escaped. Per vaginam, the cervix uteri was found to be effaced and the os uteri to be of the size of a pea, while the uterus was equally distended below and in every particular presented the condition of a woman in labour at full time.

Abdominal section was performed on Dec. 31st. The incision was three inches in length below the umbilicus. The uterus presented. The cavity of the uterus was opened and a liver trocar was thrust into the tumour, from which daughter cysts were seen to escape. On drawing the tumour out of the abdomen, the large bowel was found to be adherent for five inches. The uterus and the greater part of the tumour were then removed. The remaining part of the tumour was of the size of half a coconut and it could not be dissected off the bowel, and so the lining membrane was destroyed with carbolic acid and scraped. The edges were brought together with a purse-string suture. A quart of saline solution was poured into the abdomen and the wound was closed. The operation lasted for 55 minutes and at the end the patient suffered from shock. The temperature was below 95° F. During the afternoon it rose to 98°. On the next day (Jan. 1st, 1909) the patient rallied, but she became weaker during the following night. On the next morning the pulse became faster and faster and improved only for an hour after the injection of five minims of strychnine at 11 A.M. At 12 noon three pints of saline solution were transfused into the left basilic vein. At 1 P.M. the patient died. There was no sign of peritonitis.

With regard to the source of the disease, the father of the patient had never been to Australia, nor had any of his relatives. But the Povindahs, to a tribe of which this woman belonged, have dealings with Australia and work on the goldfields, pointing to the introduction of the disease from Australia.

I cannot end without thanking Miss Werthmüller, Dr. A. J. Turner, and Dr. Hal Barnett for their assistance.

Dera Ismail Khan, India.

THE SOCIETY OF TROPICAL MEDICINE AND HYGIENE.—The annual general meeting of this society will be held at 11, Chandos-street, Cavendish-square, London, W., on Friday, June 18th, at 5 P.M. A dinner, limited to 60 covers, will be held the same evening (June 18th), at the Trocadéro Restaurant, Piccadilly Circus, at 7.30 P.M., Professor Ronald Ross, C.B., F.R.S., being in the chair. Tickets, 7s. 6d. each (exclusive of wine and cigars), may be purchased at the restaurant, before dinner, by Fellows and others interested in tropical medicine who have obtained admission cards from the secretaries.

Medical Societies.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Exhibition of Cases.

A MEETING of this society was held on May 26th, Dr. JAMES RITCHIE, the President, being in the chair.

Mr. C. W. CATHCART showed the following cases: 1. A case of Mistaken Diagnosis of Malignant Disease of the Abdomen in a man, aged 32 years. In 1905 he had suffered from severe pain beneath the left costal margin for a period of two weeks subsequent to an attack of influenza. The pain had then subsided and he had remained fairly well until three months before his admission to hospital, when he had a second attack of pain and later a third attack. He had lost weight considerably and on admission on Dec. 7th, 1908, he looked very ill, but no distinct gastric symptoms were present. On exploring the abdomen a large nodular mass was found in the abdomen, firmly adherent posteriorly and impossible to remove. Mr. Cathcart was so sure of the diagnosis that he did not detach a portion of the growth for microscopic examination and he made a diagnosis of malignant disease of the stomach wall. After recovery from the operation the patient was transferred to the Hospital for Incurables, where he improved rapidly. The swelling was now going down steadily and the man was regaining health. Such a case might be taken as one of the cures of cancer brought about by the employment of any of the reputed cancer cures. 2. A female patient after Double Nephropexy by Billington's method. She had suffered much from dyspeptic symptoms, as well as troubles connected with urination, and was quite unfit for her ordinary domestic duties. The right kidney was the most freely moveable, so it was first sutured, with great benefit to the patient, and later the left kidney was treated in a similar way. She had now put on much flesh and was in every way improved. The operation consisted in stripping the capsule from off the upper and posterior half of the kidney, twisting it into a cord and hooking it over the last rib, and fixing it in this position. The bare surface of the kidney became adherent to the surrounding parts, and the organ was fixed in a better position than by the usual methods. 3. A woman, aged 22 years, after operation for Idiopathic Distension of the Colon. At the operation the whole of the large intestine was seen to be distended and this extended down into the pelvis and passed directly into the rectum without there being any band or constriction. The diagnosis was made of obstruction caused by nerve spasm of the muscular fibres. An artificial anus was made in the left iliac fossa and all the severe symptoms passed off, and she had remained well since the operation two years ago.

Mr. J. W. DOWDEN and Mr. J. M. GRAHAM showed a series of patients to illustrate the Results of Treatment of Fractures of the Upper Extremity by means of Slight Support by Slings instead of by Rigid Splints. Such fractures as those of the clavicle, the greater tuberosity of the humerus, the surgical neck of the humerus, the shaft of the humerus, separation of the lower epiphysis of the humerus, and fracture of the olecranon along with double Colles's fracture were all treated by slings and daily gentle massage. In periods varying from three to five weeks the patients had all regained free use of their limbs and were without any deformity. Several of them were young children, and in these a light cardboard splint was applied at night.

Professor F. M. CAIRD showed a man who had lost weight and suffered from Constipation, accompanied by the passage of mucus and blood. There was a nodular fixed swelling in the lower part of the abdomen towards the left side. It was diagnosed to be a carcinoma of the sigmoid flexure. On opening the abdomen the tumour was found to be fixed to the back wall of the abdomen and to have caught up certain coils of intestine and involved them in the growth. These coils were divided and sutured and the tumour was dissected off. The patient was now well.

Dr. DAWSON F. D. TURNER showed the following cases: 1. A woman, who developed Rodent Ulcer on the Right Side of the Nose nine months ago. She had been treated with nine exposures to the x rays and one or two exposures to radium