

false pelvis and could be felt above the brim. The cervix was soft and patulous. The uterine cavity measured three and a half inches. There was slight bleeding from the uterus. The history and the physical signs were those of repeated hæmorrhage from a gravid tube. On Oct. 19th coeliotomy was performed. On entering the cœlom (peritoneal cavity) I found a clot, the size and shape of the dark outline in the figure, lying in a fold of omentum. It was removed. Beneath it lay a second clot of precisely the same shape, but much larger. On removing this a third clot was found in the recto-vaginal fossa of twice the dimensions but of exactly the same shape as the other clots. A rounded, hard body was felt in the left tube. I then removed the ovary, tube, and adjacent parts of the meso-salpinx in the usual way. The right ovary and tube being normal were not interfered with. The patient recovered quickly and completely.

The clots were in shape reniform; the exterior of each was laminated like the blood in the wall of a sacculated aneurysm or in the sac of an old hæmatocele of the tunica vaginalis testis, but the central parts consisted of ordinary clot. The hard body in the tube was a "mole," and on microscopic examination yielded many chorionic villi in cross section. The ostium abdominale was widely patent and the ampullary wall thick, succulent, and entire. The case was one of "incomplete tubal abortion," but peculiar in this respect: as the blood collected and distended the tubal ampulla it firmly clotted and was then discharged with pain through the tubal ostium into the recto-vaginal pouch. The "delivery," so to speak, of each clot coincided with the three definite attacks of "pains" in July, in August, and in September.

The only record I know which is in any way parallel is by Noble. In a case of tubal abortion the blood clots in the pelvis "were coiled up as though they had been ground through a sausage machine." This was due to the blood clotting in the tube, and the clot was then forced out as a sausage-shaped mass by the continuance of the bleeding. The shape of the clot represented in the illustration is exactly that assumed by the ampullary section of the Fallopian tube when in the condition of hydrosalpinx.

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THE GLANDULAR FEVER OF CHILDHOOD: A CASE IN AN INFANT AGED SIX MONTHS.

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I HAD drawn up a report of the following case before I saw the valuable paper of Dr. Dawson Williams in THE LANCET of Jan. 16th, 1897, and I think that the notes of this case will be of sufficient interest in connexion with the subject of glandular fever in childhood to be published.

The patient, a healthy infant six months old, was apparently well on Nov. 10th, 1896, but was restless and fretful during the night, though nothing definitely wrong was noticed on the morning of the 11th. At midday, however, the mother noticed a slight swelling beneath the angle of the jaw on the right side, and upon examination I found the glands at the anterior border of the sternomastoid enlarged, causing a swelling about the size of a pigeon's egg, which did not, however, seem tender to the touch. The throat was apparently quite normal, the tonsils were not enlarged, and there was no congestion or abnormal redness. The temperature was 102.4° F. and the pulse 160. There was no cough or dyspnoea and the child did not seem to be in pain. On the evening of the same day the temperature rose to 103° and the pulse to 200 per minute, while the swelling was considerably larger; hot fomentations were ordered and twenty minims of brandy every four hours. On the 12th the temperature was 102° and the pulse 160. The swelling was now of the size of a hen's egg in the anterior triangle of the neck. Nothing abnormal could be detected in the throat; the bowels were open and the child took food well. Mr. A. E. Odling, who kindly saw the case with me, agreed that it was a case of primary glandular swelling; the hot fomentations were continued and twenty minims of brandy given each time the child was fed,

with a grain of carbonate of ammonia every four hours. On the 13th and 14th the child remained in the same condition, the temperature varying from 102° in the morning to 102.6° in the evening and the pulse-rate from 160 to 170. The swelling appeared stationary, with the skin slightly reddened over it, and there was little or no tenderness on palpation. The bowels acted regularly and the child continued to take nourishment well. On the 16th the temperature fell to 101°, the pulse keeping at 160, and the child seemed better. The improvement continued for the next three days, and on the morning of the 20th the temperature was 99.4°, the swelling being slightly reduced. Gradual improvement continued for the next few days, and on the 26th the temperature fell to normal for the first time, the pulse being 144 per minute. The skin was reddened at one point over the swelling and suppuration appeared imminent, but there was no tenderness on pressure. No other glands at any time during the illness were enlarged, and after the first day or two the child seemed fairly well, in spite of the temperature, and there were no other symptoms beyond those described. The swelling gradually subsided, but the skin was reddened and the glands could be felt distinctly enlarged more than three weeks afterwards. It is interesting to note that the child cut his first tooth on Dec. 5th, twenty-four days after the appearance of the glandular swelling.

At the time I was somewhat puzzled as to the exact diagnosis, and I therefore took careful notes of the case, as I had not previously observed one of a similar character. As far as I could gather there was no source of infection; the patient was an only child, and no other children in the district were similarly affected to my knowledge. A few cases of tonsillitis in adults were, however, under my care at the time. Dr. Dawson Williams does not refer in his paper in THE LANCET of Jan. 16th to "glandular fever" in so young an infant as the case I have described. In my case the tender age (six months) and the limitation of the glandular swelling, as far as I could ascertain, to one side of the neck are worthy of note. The child is now (February, 1897) in excellent health.

Alford.

DYSENTERY AND ITS TREATMENT.

WITH AN ACCOUNT OF SIX YEARS' EXPERIENCE IN THE
TRANSVAAL AND MATABELELAND IN THE USE OF
SOME VARIETIES OF MONSONIA AS THE
CURATIVE AGENT.

By JOHN MABERLY, M.R.C.S. ENG., L.R.C.P. LOND.
(Concluded from p. 372.)

CASE 80. *Chronic dysentery*.—This case, which lasted from Dec. 21st, 1893, to Jan. 2nd, 1894, was treated similarly to Case 79. An enema of warm water was given every other day. The patient made a complete recovery. There was no relapse to June, 1896.

CASE 81. *Chronic dysentery followed by hepatitis*.—The patient, a man aged twenty-five years, commenced treatment on Jan. 17th, 1894. He had been healthy up to September, 1893, when he had an attack of dysentery, which lasted four weeks in spite of medical treatment, and was eventually stopped by an infusion of cemirubra. The dysentery recurred at intervals, and from the end of December, 1893, until Jan. 14th, 1894, the patient was continually passing motions mixed with mucus and blood from four to eight times a day. On the 14th the patient came to me for treatment, and was then passing mucus and blood with a great deal of tenesmus about every two hours. An enema containing a very weak solution of Condry's fluid of about one quart was used, and a mixture composed of three drachms of tincture of monsonia, ten minims of tincture of opium, and ten minims of tincture of catechu was administered every four hours. No dysentery or pain occurred till nine hours afterwards, when the symptoms recurred and gradually assumed a severe form, partly, I think, owing to the patient having gone out and got wet. On the 17th the patient again called me in and was then in bed, passing mucus and blood and portions of diseased mucous membrane frequently. He was in great pain and vomited all nourishment taken, both solid and liquid. The pulse was 130, very weak, and the temperature 99.5° F. The tongue was dry and furred. An enema was at once given of about a pint of warm water slightly coloured with Condry's fluid. A powder containing half a grain of morphia and three grains of