

Although membrane was seen in both these cases it would seem probable from the above considerations that other cases of unilateral diphtheria occur in which no membrane would be visible. I have little doubt therefore that many such cases of unilateral nasal bleeding or blood-stained discharge have been passed over without the possibility of their being of a diphtheritic nature having been suspected. This is the more likely since there may be none of the usual general symptoms of diphtheria, for this is a special feature of some cases of nasal diphtheria and is exemplified in each of the above cases. I would strongly urge therefore the importance of bacteriological examination in all cases of acute rhinitis associated with a blood-stained discharge, whether general or limited to one nostril. In the latter case foreign bodies would of course be excluded by careful inspection. I have to thank Mr. Symonds for permission to publish these cases and Mr. W. C. C. Pakes for making the bacteriological examinations.

PROVINCIAL HOSPITAL, PORT ELIZABETH, CAPE COLONY.

A CASE IN WHICH LUMBRICIDS WERE A CAUSE OF
OBSTRUCTING THE SMALL INTESTINE; SEQUEL
TO A CASE OF ALLEGED POISONING;
NECROPSY.

(Under the care of Dr. DONALD M. MACRAE, late Resident
Superintendent.)

THAT intestinal obstruction is occasionally caused by a mass of round worms is well known and it is not unlikely that their presence in the following case contributed towards the fatal issue, but we are inclined to think that it is improbable that death was in any way directly due to intestinal obstruction, for the duration of the symptoms from the very commencement until death did not exceed 18 hours and vomiting was completely absent until emetics had been administered.

A boy, aged six and a half years, who was taken to the Provincial Hospital, Port Elizabeth, on Sept. 10th, 1898, was alleged to have been poisoned. On inquiry it was found that the ground for the suspicion and upon which the statement was made was that the child—who to all appearances had been perfectly well an hour previously—was taken home to the mother by his playfellows in a state of collapse, with an empty bottle of varnish or furniture polish in his hand the contents of which, they said, he had swallowed. He was semi-conscious on admission to the hospital, and when Dr. Donald MacRae saw him (fully three-quarters of an hour after the event) the ward nurse had him in a hot bath and he was recovering from a convulsive seizure. Dr. MacRae at once acted on the information given. An emetic was administered and afterwards the stomach was freely washed out with tepid water by means of the stomach tube. This was supplemented by the employment of measures directed against the causes of convulsions in general. An attempt was made to empty the bowels by large enemata of warm water but without much success. Functional activity seemed to be in complete abeyance. Chloral and bromide of potassium were injected by the rectum and finally a large dose of castor oil was introduced into the stomach through the rubber tube. This also failed to act. At 8.30 P.M.—that is four and a half hours after admission—the patient regained consciousness, sat up in bed, and asked for food. He, however, relapsed into a state of drowsiness and continued thus for the greater part of the night. He was only completely conscious once again when he sat up in bed and talked, and at 5.30 A.M. he had a violent convulsive seizure. This somewhat subsided on the administration of bromide of potassium and chloral. There was no actual fit after this up to the time of death, but twitchings of the face and hands were observed. At 8.15 A.M. the patient died with signs of obstructed respiration. During life there was no odour of the breath or corrosion about the lips, mouth, or tongue, and the pupils were, as after death, dilated. The washings of the stomach consisted of the water introduced admixed with mucus.

Necropsy.—At the post-mortem examination it was found

that the body was that of a boy, aged about six years, who had not been robust or well nourished. There were no discolourations about the neck, mouth, tongue, or body generally. On opening the abdomen the stomach and intestines appeared to be distended but were normal in colour. The stomach contained about an ounce of fluid matter consisting of oil and mucus. The mucous membrane presented no signs of acute irritation. There were a few minute patches of congestion, due, no doubt, to the vomiting and retching which occurred during life, and appearances also of slight catarrh. The organ was otherwise normal. The rectum was empty; the upper portion of the large intestine was distended and occupied by hard masses of inspissated fæces. The small intestine presented on its mucous membrane the appearances of ordinary catarrh. In its lower portion there was found a round worm 14 inches long and almost an inch in circumference. It was so coiled up and so disposed as to form an incomplete obstruction of the bowel. The obstruction was completed by the presence of two other round worms which lay parallel and occupied the open portion of the calibre of the gut. One was 12 inches long and three-quarters of an inch in circumference, and the other was six inches long. The right side of the heart was engorged. The right lung was dark and congested and the left lung was less markedly so. Both bronchi were free. The kidneys were both normal. The brain and membranes were congested.

Remarks by Dr. MACRAE.—The details of the above case may prove of some interest. To my mind it presents several remarkable features. From the history and particulars of the case—during life and after death—it will be seen: (1) that the symptoms exhibited by the patient when taken to the hospital were suggestive of, and compatible with, the cause of illness alleged by the parents; (2) that the real cause, as revealed by post-mortem examination, was an entirely different one and one the diagnosis of which must surely in most, if not in all, cases come from the pathologist rather than the physician; (3) that the symptoms observed during life are quite reconcilable with both the real cause—discovered after death—and that suspected or alleged when the patient was taken to the hospital for treatment; and (4) that the treatment adopted here affords an example of how, in employing and directing remedies and measures against a presumed or fictitious cause, one may happen to rationally combat the real one. Digestive disturbances, constipation, and worms are the most frequent causes of convulsions in children and young adults. Here the two latter causes existed without a doubt and one of them in the rare form described above. The evidence—post-mortem evidence—in all other directions was completely negative. The theory of poisoning was but the natural suggestion of a sudden and otherwise unaccountable illness and of maternal terror and suspicion.

BRISTOL GENERAL HOSPITAL.—The half-yearly general board meeting of the governors of this institution was held on Sept. 11th in the board-room, Mr. Procter Baker presiding. The chairman, in speaking of the financial position of the hospital at the end of June, said that subscriptions remained stationary. Donations, however, showed an increase of £2041 in excess of the corresponding period of last year, but then they had received two single sums of £1000 each. One of these sums had been given for a specific purpose—namely, a museum which was in course of construction. Legacies had decreased by £4000, but legacies were of course liable to great fluctuations. He was very glad to say that there was a very satisfactory feature in the income and that was an advance of some 20 per cent. in the collections made at places of worship. This increase was mainly due to the exertions of a committee and the actual increase in the sums collected was £117. Repairs had been a very expensive item, costing altogether £740. With regard to coming expenses the new museum would cost £350 over and above the £1000 given for this purpose. A new cage was wanted for the lift which would cost £100, and £500 was going to be spent on the theatre. The chairman referred to the fact that Bristol medical students could in future use both the infirmary and the General Hospital for study. After references to losses which the committee had sustained by death and resignation the chairman moved that the accounts should be audited and the report presented at the next half-yearly meeting. This was agreed to.