

maxillary glands. Eight Soudanese had swollen cervical or axillary glands, while one had axillary lumps and another supra-clavicular swellings. Only one of the Nubians had enlarged cervical glands. These lymphatic glands when cut open resemble completely the caseous mesenteric and retro-peritoneal glands.

*Brain.*—About one-half of the brains were examined. In the Egyptians I never found tubercle, but in one case there was an abscess under the dura mater. Among the Soudanese I found tubercles four times in the pia mater or choroid plexus. One man had old syphilitic sclerosis near the corpus striatum. I never found any notable change in Nubian brains.

*Pancreas* tubercle I noticed once only in a Soudanese.

The ovaries were not always examined. My notes speak of tubercle once in an Egyptian, and of a case of ovarian tumour, while the Soudanese women furnished four cases of tubercle of ovary and of uterus.

*Caries.*—I have already said that necrosis and caries are very common among the negroes in the surgical wards, and certain cases of paraplegia are admitted into the medical wards. Among the Egyptians, besides a rickety dwarf and a case of angular spinal curvature, I had four cases of multiple caries of femur, necrosis of tibia and of skull, and a boy who recovered after amputation of thigh for necrosis. Soudanese vertebræ furnished us with five cases of lumbar and five of dorsal caries, besides five cases of ribs, three of sternum and one of hand. The Nubians included one case of rib disease, another of sternum and a third in which the patient died after two years' paraplegia, with healthy lungs and other organs, but with old caries of the ninth and tenth dorsal vertebræ, which had evidently begun in the anterior surface of the bodies and intervertebral discs, and had then spread to the posterior surfaces to the right of the ninth rib and to two cheesy bronchial glands.

*Entozoa* are so common at necropsies on natives that it is impossible to avoid a brief mention of them. *Ascarides* were present in four Egyptian corpses, once ten in number, and another time, in a boy aged seven, there were thirty-two of these worms; fourteen were curled up in the stomach, twelve in the jejunum, three in the ileum, one in the colon, one in the œsophagus and one was trying to enter the Eustachian tube. Once I was fortunate enough to catch an ascaris that had died in the very act of boring its way through a tubercular ulcer into the peritoneal cavity. Another time a patient died three days after admission to the hospital. I found a pint of liquid green pus in the abdomen and one large ascaris lying in the peritoneal cavity between the stomach and transverse colon. The stomach was normal and no other worms were found, but a perforation was distinctly seen from the serous side of the intestine, six inches below the ileo-cæcal valve, and this was found to correspond with one of many deep annular ulcers extending from the jejunum to the descending colon. The notes of the Soudanese cases speak of *ascarides* five times, *tænia mediocanellata* four times, and *anchylostoma duodenalis* twice. There was one case of *anchylostoma* in a Nubian peasant.

## A CASE OF ACUTE INTUSSUSCEPTION; ABDOMINAL SECTION; DEATH.

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MY belief that cases of acute intussusception treated by abdominal section after the failure of milder treatment should be recorded induces me to publish the following case, which, although ending fatally, shows that not only may the intussusception be readily reduced, but that a child when apparently rapidly sinking should not be denied the chance of recovery that may follow reduction after opening the abdomen.

J. H.—, aged eleven months, an infant at the breast, seemed well until the afternoon of June 1st, 1891, when he began to be fretful, so his mother gave him a "teething powder." In the evening he seemed in pain and was sick and passed some blood and mucus per rectum. These symptoms getting rapidly worse I was sent for at 7.30 A.M. the next day. When seen at 8.15 A.M. the child was very collapsed, with a pale, pinched expression and uncountable pulse; taking no notice of anybody, but occasionally

he moaned and drew up his legs. The vomit had no faecal odour. On palpation of the abdomen, which was not distended, an elongated tumour could be felt extending from the left hypochondrium down into the left iliac fossa, and the child flinched and drew up his legs when pressure was made over it. The right side of the abdomen felt empty and flaccid. Per rectum the finger could just detect high up the distal end of an intussusception, and on withdrawing the finger bright blood and mucus came away. Being a mile from home I inverted the child and tried inflation with a pair of bellows, but with no result, so I ordered five drops of brandy every twenty minutes until I returned. Dr. W. D. Moore came back with me at 9.30, and having confirmed my diagnosis, administered chloroform, everything being prepared for opening the abdomen if inflation failed. Injections of air and afterwards of water with Higginson's syringe, combined with inversion of the child and simultaneous manipulation of the tumour through the abdominal wall, failing to reduce it, having well surrounded the child with hot water bottles, an incision was made two inches and a half long above the pubes, and introducing my finger into the abdominal cavity found that the cæcum and ascending colon were not in their usual places, and that the intussusception extended from a little above the splenic flexure of the colon to the commencement of the rectum. Having failed to reduce by manipulation with two fingers of my right hand in the abdomen, and my left hand outside, I enlarged the incision up to the umbilicus, and with a little difficulty drew out the tumour on to a warm sponge-cloth, and, steadying it with my left hand, with my right I gently squeezed the distal end, and in a few seconds the proximal end gradually commenced to unfold itself, and as the unfolding went on I followed up the distal end, and had no difficulty in reducing it until I came to the last two inches, which required several minutes' very gentle manipulation to free it. The intussuscepted part, which was intensely injected and flaccid, consisted of the lower part of the ileum and cæcum, as was suspected before the operation. There were a few flakes of recent lymph near the junction of the sheath and entering bowel, and a little blood-stained serum escaped on opening the abdomen. During the operation the child became pulseless, but rallied after a subcutaneous injection of brandy; the abdomen was not washed out as it was desirable to finish the operation as quickly as possible. After the dressings were applied the child was very collapsed. After several subcutaneous injections of brandy he rallied a little, but half an hour after the operation the pulse was so feeble that it could not be counted at the wrist. The child was ordered a teaspoonful of warm water every hour, and half a minim of tincture of opium and ten minims of tincture of belladonna every three hours if in pain. At 7.30 P.M. the child was quite bright and played with anything that was given to it; there had been no sickness, but he was very restless at times and had only passed, the mother said, a little flatus once with no motion. He was ordered a teaspoonful of his mother's milk every other hour through the night.—June 3rd: He had had a very restless night and was sick twice, but had slept for three-quarters of an hour, about 8 A.M. He had passed no flatus or motion, his countenance was pinched and his eyes sunken; the abdomen was a little distended; pulse 120; temperature 100.5°. He was given several soap-and-water injections, but nothing came away except a little mucus and blood. In the evening, as his abdomen was rather more distended, he was given a little chloroform, and the three lowest stitches were removed, with the intention of irrigating the abdominal cavity, but he became so collapsed after the tube was introduced, that it was thought better to desist. The wound was quite healthy and the edges were with difficulty separated. He died at 12.30 A.M. the next morning, and no post-mortem examination could be obtained.

*Remarks.*—This case was certainly much more acute than the generality of cases of acute intussusception, for within fifteen hours the child was in a collapsed and dying condition, and the only hope of saving him was to open the abdomen immediately inflation failed. The fear was that he would die on the operation table. The operation, although it relieved the intussusception, did not relieve the obstruction, the gut never recovering from its strangulation; and the child died, no doubt, from intestinal obstruction caused partly by this strangulation and partly by the peritonitis which had commenced before the intussusception was reduced, and which continued afterwards.

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