only three children were examined, their ages being 3, 4, and 5 respectively. In the child of 3 years both tubes measured 3 centimètres in length, in that of 4 years both were 4 centimètres in length, but in that of 5 years the right measured 6 centimètres and the left tube 5 centimètres. The thickness of the tube at the ampulla measured 3, 4, and 5 millimètres respectively in the three children. The isthmus measured 1 millimètre in the two younger children, and 2 millimètres in the older child. In all the three the ostium abdominale measured 1 millimètre in diameter. The ovarian fimbria measured 5 millimètres in the youngest child, and 10 millimètres in the other two. The interspace, which was smooth, measured 5 millimètres in the two younger, and 9 millimètres in the older child. In these children the isthmus was straight in two, and slightly wavy in the third; the ampulla showed the same twists as in the infants, and the fimbriae were in these children, as also in the fetuses and infants, ill-developed and scantily clothed. Under the microscope cilia on the mucosa were carefully looked for, but they were only seen in one specimen, and that only at parts. The cells lining the tubes were more cubical in character than in the adult. The submucosa was present, was cellular, with a slight admixture of fibrous tissue, and stained deeply with picrocarmine. The muscular coat showed appearances similar to those in the infant, with less fibrous tissue and with a few longitudinal fibres lying internal to the circular fibres, and resting upon the submucosa. The areolar layer under the peritoneum was loose, and showed blood vessels and a few isolated longitudinal muscular fibres.

In the adult the appearances of the tubes have been already described, but there were minor histological differences in nulliparae, multiparae, etc., which we hope to describe at some future time.

The senile changes in the tubes were found to consist in narrowing and straightening of the canals, with a loss of curvatures, atrophy of the muscular fibres, more especially the longitudinal ones, which, in a woman of 76, were all but absent; conversion of the submucosa into fibrous tissue, fibrous changes in the mucosa, and obliteration of the tubal folds in the isthmus near to its uterine end. In the isthmus, also, the epithelium was found to be shed, and formed what might be called a tube cast, blocking the lumen. The areolar layer underlying the peritoneum was firmer, more fibrous, non-muscular, and more closely united to the muscular coat.

(To be continued.)

CASE OF RECURRENT TYPHLITIS; REMOVAL OF DISEASED VERMIFORM APPENDIX; RECOVERY.

By T. PRIDGIN TEALE, M.A., F.R.S.,

Consulting Surgeon to the General Infirmary at Leeds.

EARLY in October I was requested by Mr. Raynes, of York, to see Mr. P., a cricketer and football player, who was beginning to recover from a fourth attack of inflammation in the region of the cæcum. My advice was that as soon as all acute symptoms had subsided he should come into the Leeds Infirmary with a view to operation.

History.—In November, 1889, during a game of football, he was "tackled" round the waist and thrown to the ground. No harm seemed to result, but in March last he was seized with pain in the right iliac fossa for the first time. The pain soon passed off, but returned the next day, and continued with increasing intensity for about three days, when a tender swelling was discovered in the iliac region. At the end of three weeks the attack subsided. There had been neither sickness nor constipation. Six weeks from the commencement a tumour could be felt on deep palpation in the right iliac fossa. At the end of seven weeks he had a second attack, much like the first, which lasted three weeks. After a week's convalescence a third attack set in, which practically kept him an invalid, unable to work, until the fourth and most severe attack in the beginning of October, about which I was consulted. The lump found after the first attack could be felt in the intervals, but was now obscured by the tympanitic state of the abdomen, the body being "as hard as a board."

At this time no tumour could be felt *per rectum*. There was great tenderness over the iliac region, and the bowels acted with difficulty. Seeing that he had been practically an invalid and disabled from following his employment for six months, that he had been almost constantly in pain during this period, that the attacks increased in severity and in the tendency to obstruction of the bowels, and that there was a persistent hard swelling to be felt in the situation of the cæcum, I decided to operate.

Operation.—October 13th. The patient being under ether, I made an incision about 4 inches long directly over the tumour, in the line advised by Mr. Treves in his most instructive paper published in the *BRITISH MEDICAL JOURNAL* for November, 1889. The incision, passed obliquely inwards and downwards between the umbilicus and crest of the ilium, and ended a little above and to the outer side of the middle of Poupart's ligament.

On opening the peritoneal cavity the tumour was reached easily, and consisted of adherent omentum and small intestine surrounding a harder centre. By dint of great care in separating, tying, and dividing the adherent omentum, and in gradually disentangling adherent bowel, the imprisoned vermiform appendix was cleared of all adherent structures, and fully exposed. A catgut ligature was applied a quarter of an inch from the cæcum, and the enlarged appendix was cut off one-third of an inch from the ligature, the end of the stump being invaginated and stitched. After due cleansing and washing out by boiled water, and the introduction of a drainage tube, the wound was closed by stitching together first the edges of the peritoneum, and afterwards the muscular and cutaneous sides of the wound. The drainage tube was removed in forty-eight hours. Recovery took place without a drawback, and he was allowed to sit up in three weeks and two days. Eight weeks after the operation, he was perfectly well, was recovering from the anæmic state to which he had been reduced, and had entirely lost the pain which for six months had rarely left him. His report of himself on December 17th is: "I am able now to take the same meals as the rest, and also to walk two or three miles a day without feeling tired or any the worse for it."

THE PARASITIC NATURE OF PSORIASIS; ITS TREATMENT BY MERCURY.¹

By E. D. MAPOTHER, M.D., F.R.C.S.I.,

For many years I treated psoriasis by mercury, under the belief that it was an atavistic manifestation of syphilis; but, remembering that no other manifestation concurs, that it does not appear in the earlier and has been delayed till the later years of life, and that while the psoriatic are very many, the offspring of the hereditarily syphilised are very few, some other view had to be substituted. The dates of development also threw doubt on the suggestion that it was an hereditary blemish; and, indeed, the number of cases in which descent can be traced has been much overrated; for instance of 267 cases tabulated in *Guy's Hospital Reports*, other members of the families are recorded as being affected in only 36, and of 335 patients of Dr. Bulkley anterior heredity was proven in only 33. Then, no diathesis or condition of life seems to control the malady.

Greatly preferring to act on even the suggestion of a rational principle than empirically, I read with true pleasure Lang's assertion that the disease was parasitic. Not being a sufficiently expert histologist to decide between the eminent ones who differed, I had to be content with a full study of the evidence for and against the existence of the epidermidophyton, and reflections on the analogies between psoriasis and diseases positively parasitic, such as *tinea versicolor* or *circinata*, and presumably so such as syphilis and leprosy. From these latter it plainly differs in attacking the skin only.

As to proofs of communicability, we have the statement of such an observer as Unna that a nurse gave the disease to three children under her charge, and reliable records of its

¹ Read in the Section of Dermatology at the Annual Meeting of the British Medical Association held at Birmingham, July, 1890.