satisfaction to my eye than the smartest of our light cavalry regiments on their too well-bred horses.

At Coblenz and at Ems, also, several infantry regiments entered the town in triumph. All the men were apparently in the most robust health, and were well grown and seasoned. It may be hoped that they will keep their vigour in garrison in Coblenz. New wooden barracks are being erected for many of them near one of the now deserted French camps, but the accommodation in the fortress of Ehrenbreitstein, now, as on previous occasions when I have visited the barracks there, is simply too foul and abominable to describe. Large numbers of the Landwehr were being dismissed to their homes after their one year of hard service.

I was pleased again to observe how excellently well the men were shod. The soldier's boot, *par excellence*, is that of the German infantry—the large, easy, broad-toed Wellington boot—into which the trousers can be tucked when marching over muddy or dusty ground; and never will the British infantry soldier be fairly dealt with till he has the same supplied to him instead of an ugly ill-fitting Blucher boot with untidy gaiters. I would fain hope that we may soon see a change in this respect in our army; as also in the fashion of carrying the knapsack which, excellent as it is in the German and French armies, the weight being supported by the waist, is as bad as can be in the British service, since the weight of the pack together with the cloak is thrown cruelly upon the axillary blood-vessels and nerves.

The individual German soldier is certainly a marvellous fighting machine. His education, his intelligence, his practical professional training, and, not least, his powers of endurance and digestion, render him indeed a formidable enemy, while his devotion to his country and Kaiser is fired by the closest personal interest, which, if I may judge by what I saw at Ems, the latter takes in his troops.

Mayence, July 12, 1871.

CASE OF CHRONIC ILEUS.*

By R. H. MEADE, F.R.C.S.,

Consulting Surgeon to the Bradford Infirmary.

ON November 7th, 1870, I saw a married woman, about 40 years of age (with Mr. Sugden of Bradford), the mother of a large family, and then between seven and eight months advanced in pregnancy, who was suffering from vomiting in a most troublesome and intractable form. It had commenced gradually several months before I was consulted, and was thought at first to be dependent upon the pregnant state; it became slowly worse, however, and resisted all remedies. When I saw her, she was very weak and feeble, but not much emaciated; she could take food in small quantities for two or three days in succession, without much feeling of sickness, until it began to accumulate in the stomach, or, rather, in the upper part of the intestinal canal; but when this became filled, she would vomit a large quantity of yellow pultaceous matter, in appearance like pea-soup, having a faecal odour. The bowels were very sluggish, but a small natural stool passed occasionally by the aid of enemata. The patient complained of no pain, but only of weakness and prostration; and, after a free attack of vomiting, she generally felt better for a day or two. The complaint was evidently of the nature of chronic ileus, but no history could be obtained at the time of any cause leading to it. No trace of hernia could be discovered, and the enlargement of the uterus prevented any tumour or thickening of the bowels from being felt through the abdominal walls.

The urine showed no traces of disease of the kidneys, and no ulceration or other disease of the cervix uteri could be found. The patient had a slightly jaundiced cachectic look; and from the gradual way in which the complaint had arisen, and progressed from bad to worse, Mr. Sugden suspected that there might be malignant disease of the intestine.

After suggesting one of two plans of treatment which had not been already tried, and carrying them out without success, I thought it right to recommend the induction of premature labour, thinking it possible that the pressure of the pregnant uterus upon some portion of the bowels might interfere with their action. On November 16th, this recommendation was carried out. The child lived a few hours, and the mother soon recovered from the effect of the operation, which was a little hazardous in her exhausted state.

For a short time after the uterus was emptied, the patient appeared to improve, and the stomach retained more food; but all the former symptoms of ileus gradually returned, and she slowly sank and died on the 7th of February, 1871, exactly three months after I first saw her.

* Read before the Northern Branch.

She never suffered much pain, and there were no symptoms of peritoneal inflammation; she became very anæmic, and for some weeks before death almost pulseless; but she never became much emaciated, though for some time she had taken hardly any food. The stercoraceous vomiting continued to the last.

This case was so obscure throughout, that I felt anxious to examine the body; and, consent being obtained, I assisted Mr. Sugden in opening the abdominal cavity on the day after death. We soon found the cause of the mischief; for the extremity of the vermiform appendix of the cæcum was fixed by adhesions of old standing to the small intestine, or, rather, to the mesentery close to the bowel, on the right side of the abdomen. There were no signs of recent peritonitis, but the portion of small intestine which was in a measure bound down, though not crossed, by the band formed by the appendix, was externally of a darker colour, from vascular congestion, than the neighbouring parts. The part of the bowel thus affected would be a portion of the ileum at about one-third from its commencement. The mucous membrane appeared quite healthy, and the canal was quite pervious, though it appeared somewhat contracted opposite the point to which the end of the appendix was fixed. The large intestines were quite empty, but healthy, and so were all the other abdominal organs (the only parts of the body examined).

After making the examination, the husband of the patient was particularly questioned as to whether his wife had ever had any severe attack of pain or inflammation of the bowels; and he then remembered that, during the very early period of her pregnancy, while staying at the sea-side, he found her (on going to see her) suffering from a very severe attack of abdominal pain or spasms; but as it soon passed off, he thought no more about it. The sickness began soon afterwards, and was put down to the pregnant state, and the real cause forgotten.

REMARKS.—This case is interesting in several respects. Firstly, it was rendered very obscure by being complicated with pregnancy, and it was difficult to say what influence that state had in producing the symptoms, until after the failure of the induction of premature labour to relieve them. In the second place, it shows that it is not necessary that the canal of the intestine should be obstructed or much constricted for the production of symptoms of ileus. It appears that, if the natural peristaltic and other free movements of the bowels are interfered with, their functions cannot properly be carried on, though symptoms of acute strangulation are not produced, as where the intestine is tightly constricted.

Cases of ileus from perforation of the extremity of the appendix cæci by some foreign body, and its consequent inflammation and adhesion to the bowel or mesentery, are not very uncommon; but the appendix in these cases generally acts as a band of constriction fixed across some portion of the intestine. An interesting case of this kind which I saw, was under the care of one of my colleagues (Mr. Parkinson) in the Bradford Infirmary in January 1868. The patient, a young man, had had symptoms of enteritis ten years before; and at the time of his admission, suffered from very severe pain in the right iliac region, with incessant vomiting and obstinate constipation. No remedies giving any relief, and the seat of strangulation being apparently indicated by the pain, the operation of gastrotomy was performed by Mr. Parkinson, with the consent and co-operation of his colleagues; and when the abdominal cavity was opened, the constricting band formed by the appendix was found and removed, and the patient was very much relieved, though he sank twenty-eight hours afterwards from exhaustion. In this case, a portion of the ileum was crossed and tightly pressed by the vermiform process of the cæcum, which was attached at its extremity by old adhesions to the mesentery. No doubt the strangulated portion of bowel had here been forced under the adherent appendix during some movement of the intestines, immediately before the symptoms of obstruction came on, though the extremity of the appendix had probably been fixed in the position in which it was found during a period of ten years, during the greater part of which time it had not interfered with the natural movements of the intestines.

THE USE OF IRON IN SCARLATINA.

WITH pleasure I observe the letter of Dr. Russell Aldridge in the JOURNAL of the 12th instant. For more than six years I have adopted a treatment similar to that which he urges in cases of scarlatina, and with much success. I have preferred to use the tincture of the sesquichloride of iron, rather than the pernitrate. So far as the scarlatina anginosa is concerned, my treatment and Dr. Aldridge's are strictly uniform. I shall certainly be extremely glad if the profession generally will follow our example.

ROBERT McL. FRASER.

Darlington, August 16th, 1871.