from enteric fever, and she was sent to bed and kept on milk diet. On the seventh day of illness the typhoid serum reaction gave a positive result. The spleen was now distinctly enlarged, though the morning and evening temperatures still remained normal. The patient

was ordered to stay in bed and remain on strict diet, though she stated that she felt quite well, and thought it a hardship to be kept in bed.

On the morning of the seventeenth day the temperature, which so far had been normal, rose to 101.6° F., and she complained of pain in the left leg, which appeared slightly swollen and tender. In the evening the temperature was 102.4° F., and the oedema of the left leg was more pronounced. The temperature was febrile for the next four days, but settled to normal on the twenty-second day of illness, and thereafter the patient made an uninterrupted recovery. No rose spots were seen at any time during the course of her illness.

The case is of interest as showing:

1. The value of the typhoid serum reaction, as without it, and on the clinical symptoms alone, there would have been some hesitation in confining the patient to bed and milk diet for a prolonged period.
2. The fact that there was no disturbance of the temperature till a complication took place—in this case thrombosis of the left femoral vein.

CASE OF CONGENITAL ABSENCE OF CONTINUITY BETWEEN THE LARGE AND SMALL INTESTINES.

By C. H. SOUTER, M.B., C.M.ABERD.,
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History.—J. W. M., a male infant, stated to be 48 hours old, was brought to me on May 2nd, 1903, from a distance of twelve miles. It was said to have vomited some foul-smelling dark stuff as soon as the head was born. The parents were healthy; the mother's next youngest child was 6 years old, and she had had no miscarriages. There was no history of congenital abnormalities in the family. The patient was reported to have passed a small dark-coloured motion shortly after birth, and to have vomited everything he swallowed.

State on Examination.—When seen by me it was yellow in colour and much swollen in the abdomen. The tongue was bright yellow and the superficial veins engorged. It vomited large quantities of faecal-smelling fluid of a greenish colour. The little finger could be passed freely into the rectum for two inches, but the gut was felt to be small and empty. A rectal injection of water was returned, and brought with it some clear colourless casts of mucoid matter. A lump could be felt per rectum and through the parietes in the right iliac region. There was no blood or "slime" in the passage. The stomach was washed out. Vomiting, still faecal, continued. The pulse was feeble, the temperature subnormal, and the whole condition indicated immediate operation.

Operation.—I opened the abdomen over the site of the iliac swelling, and some much-distended bowel presented. I did not, in view of the general condition, think it justifiable to explore, but stitched the bowel to the edge of the wound and opened it. Over half a pint of foul-smelling greenish fluid escaped. The gut was then washed out with saline solution, and the artificial anus dressed with iodoform gauze every two hours. Artificial feeding was commenced, and the child did well for a week, the wound healing at the edges. Some local erythema occurred about the third day, probably owing to the constant moisture with bilious stools. After a week dyspepsia set in, and all efforts to control digestion failed. There was no rise of temperature, and no swelling of the abdomen. The patient died ten days after the operation.

The parents permitted a partial *post-mortem* examination.

Necropsy.—The edge of the incision in the gut had healed firmly to the edge of the parietal opening. A few fine adhesions surrounded the wound, but there was no appearance of general peritonitis. The small intestine was traced

from the wound to the stomach. It was normal but of greater calibre than usual, and contained green bile-stained grumous matter. Downwards it extended 1½ in., where it ended in a *cul-de-sac* (seen in the photograph). There was no Meckel's diverticulum, nor any trace of an opening other than that made at the operation. The large intestine was traced from the sigmoid flexure round the usual course and down the right side of the belly cavity, where it ended in a small caecum and vermiform appendix, and a diverticulum of about ½ in. in length, having no opening. These two blind ends were situated in about the normal position with respect to each other but not in contact. Some loose mesenteric tissue

existed between them. The colon was empty except for a little mucoid matter similar to that passed with the enema. Its lumen was about of sufficient calibre to admit a slate pencil. I was able also to note that the edge of the liver occupied a line parallel to and about 1½ in. from the costal margin. The gall bladder was distended with bile, and projected ½ in. beyond the edge of the liver. The rest of the abdominal contents were normal.

The photograph shows the specimens reduced about one-third of their actual size, and, seen from the front, as nearly in their proper relations as possible. No dissection was made. The artificial opening may be seen near the middle of the sac of ileum.

REQUESTS TO MEDICAL CHARITIES.—The executors of the late Mr. Arthur Ocran Crooke have made a grant of a sum of £3,000 to the East London Hospital for Children and Dispensary for Women, Shadwell, for the naming of a ward in the new building now in course of erection; and a sum of £1,000 for the endowment of a bed in the Charing Cross Hospital Convalescent Home. The Earlswood Asylum for Idiots receives £200 under the will of the late Dr. Francis Bossey of Redhill; and the Huntingdon County Hospital £100 under the will of the late Mr. Charles Percival Rowley of St. Neot's. The Royal Dental Hospital, Leicester Square, has received £500, which were bequeathed to it by the late Mr. George Willis Penson, who was for many years a trustee of the charity.