often present in mental disease and evidenced here by subjective sensations of coldness, as sufficient cause, it is somewhat difficult to understand the pigmentary deposition. Whether or not melanin be a degeneration product of haemoglobin, the coexistence of iron-free granules in the epidermis and haemosiderin crystals in the connective tissue is extremely suggestive. It will be noticed from the history that the possibility of the pigmentation being derived from the administration of arsenic is out of the question.

REFERENCES.

¹ Pernicious Anaemia, p. 34. ² Food Factor in Disease, vol. i, p. 252. ³ Revue de Médecine, December 10th, 1899. ⁴ Medical News, December 1st, 1900. ⁵ Spratling, Epilepsy and its Treatment. ⁶ American Journal of Insanity, October, 1898. ⁷ Journal of Mental Science, January, 1901.

A CASE OF SPLENO-MEDULLARY LEUKAEMIA.

By JOHN DEE SHAPLAND, M.D.DURH., M.A.CANTAB.

THE chief reason for reporting this case lies in the fact that the usual duration of these cases is stated by Osler to be from 2 to 3 years, by Frederick Taylor from 6 months to 7 years, whereas this case gave a history of over twelve years, and had been seen by many leading physicians and surgeons during that period.

Mrs. H., aged 62 years, a Jewess, was first seen by me on November 28th, 1906, when I found her in a rigor, teeth chattering, face pale, drawn, and covered with clammy perspiration, eyes sunken, conjunctivae very pale, and the sclerotic of pale yellowish hue. The cheeks were flushed, the alae nasi dilated, the breathing was 36, and the pulse 120. A dry, harsh cough caused pain in the left side. The temperature was 103.2° F. There was marked wasting of the body, the bony points being most conspicuous and prominent. Dilated venules were very conspicuous, and tortuous over the lower thoracic region and abdomen. A large swelling could be seen occupying the left hypochondriac left lumbar and left inguinal regions, and extending across the abdomen to the epigastric and umbilical regions: the former it practically occupied in its entire extent, the latter only the upper third. Along the anterior border of this could distinctly be felt several notches, and the outline of the spleen could be easily felt by dipping the fingers over the edge of the rounded mass, when these notches became very evident to the touch. The spleen was tender, and varied in size daily, some days being as much as two to three finger-breadths larger than on others.

Her history was as follows: She had married when 18 years of age; had eighteen children, of whom four are alive; there was also a history of numerous miscarriages, but as to their number I could obtain no definite information. All her confinements and miscarriages had been uneventful. Up to twelve years ago she had always enjoyed the best of health, and there was no history of any prior illness. At that date she noticed a swelling in her left side, and then consulted many of the leading physicians and surgeons, who told her that her spleen was greatly enlarged, and wanted to know if she had ever resided abroad or in the fen country, but to this she replied in the negative, as she was born in the north of London, and had never been out of England.

The attack for which I was called in was one of influenzal pneumonia, which took rather a severe course, as there were symptoms of cardiac failure, but under the use of hypodermic injections of strychnine she gradually recovered. It was then that the spleen gradually began to enlarge still more, and became extremely tender, but no fluctuation was to be detected, and it used to vary in size two to three finger-breadths. She also frequently complained of agonizing abdominal pain located in the regions occupied by the spleen: it occurred after taking food and was relieved by eructation, being evidently due to the distension of the stomach pressing on the spleen and other viscera, and stretching the adhesions which had formed between the spleen and intestines. The bowels were a constant source of trouble, as she had alternate spells of constipation and diarrhoea.

The one and only specimen that I could obtain of her blood contained a large number of leucocytes in proportion to the red cells, but, not possessing a blood-count slide, I was unable to estimate accurately their percentage. I tried to obtain a second in order to have this done, but the patient and her relatives stoutly refused.

The ophthalmoscopic appearance of the eye grounds was that the vessels of both retinae were extremely tortuous and the veins full and of a much paler hue than normal; scattered here and there were diffuse haemorrhages; the discs were very pale. Vision was not greatly affected, though she complained of occasional blurring of the outlines of furniture and other objects in her bedroom. The urine contained albumen in varying amounts, on some occasions there being only a faint cloud, on others a distinct amount, but never more than $\frac{1}{2}$; the reaction was acid; specific gravity varied from 1010 to 1015. Urates and phosphates were often present in great excess, and once Fehling's solution was reduced.

On February 4th, 1907, she developed syncopal attacks, which recurred with increasing severity each day, and, in spite of hypodermic injections of strychnine and digitalin, terminated fatally on February 11th.

During the last few days there were marked signs of progressive cardiac dilatation, which was evidently due to degenerative myocarditis produced by the toxic condition induced by the spleen. There was no epistaxis, bleeding from the gums, haemoptysis, or haematemesis, though there were a few scattered purpuric spots on the arms and legs. There was no jaundice, nor could any ascitic fluid be detected in the abdomen, the walls of which were very supple, allowing palpation to be readily made, and there was no oedema of the feet and legs. Towards the end there was a slight elevation of temperature, ranging from 99° to 100.4° F.

She was given splenic pulp tabloids (B. W. & Co.) gr. v ter in die, but I think that one could hardly consider this a fair test of them, as the disease was so far advanced before trial was made of them.

A FORGOTTEN SWAB: ANOTHER WARNING.

By G. T. GIFFORD, M.D., M.R.C.S.,

DARWEN.

ON the evening of June 12th last I was asked by the *locum tenens* for a neighbouring doctor to see a woman who was suffering from symptoms of intestinal obstruction. She had walked to his surgery on the previous day, complaining of pain in the lower part of the abdomen and constipation, but no vomiting had then occurred. She stated that three months previously she had undergone an abdominal operation for what was afterwards ascertained to be an extraterine fibroid. Since the operation she had felt well until within the last forty-eight hours. Nothing very definite was to be made out by palpation excepting spasmodic contraction of the abdominal muscles with general tenderness. This condition, together with much pain of a straining character and incessant vomiting, necessitated an immediate operation.

The same evening I opened the abdomen; distended and inflamed coils of small intestine presented, which, on being followed down, soon displayed a mass impacted within the ileum about half-way along its length. I made a longitudinal incision in the bowel wall over the site of the impaction just long enough to enucleate it; and then, after sewing this incision and the abdominal wall up again, got the patient back to bed as soon as possible. Her subsequent recovery was uneventful and uninter-ruptedly good.

On examining the impacted mass directly after the operation, it was found to be a surgical swab (wool surrounded by gauze), which had been left in the abdominal cavity at the previous operation, and which had eventually ulcerated through the intestinal wall and was now trying to be passed along the intestine. It had evidently gained entrance to the bowel several feet above the site of impaction, where there was noticed to be an inflamed portion of bowel adherent to the posterior abdominal wall.

I have never heard of a case similar to this, and consider it sufficiently interesting to report, and worth while adding to the already numerous warnings against using small swabs within the abdomen during operations.

THE occurrence of a rare human parasite in a boy has recently been recorded by Dr. Blanchard before the Académie de Médecine of Paris. *Dipylidium caninum*, as its specific name implies, is chiefly found in dogs, though it also occurs in cats, and probably in other animals. There are some ten or a dozen different species of the genus *Dipylidium*, all being parasites of the carnivora, and six being known in the cat and dog. The present species, however, is the only one as yet recorded as infecting man, and hitherto only 60 cases have been known, 59 of which were in Europe and 1 only in the United States. *D. caninum* is a taenia, usually about 18 in. or 20 in. in length, the terminal segments longer than their width, and measuring about 10 mm. to 12 mm. by 2 mm. or 3 mm. They are expelled per anum, and are easily recognized by their reddish-white colour. This, which disappears in alcohol or formalin, is due to the ova, which are massed together in groups of 8 to 15, and fill the whole segment. The clinical symptoms are mainly of a reflex order, similar to those produced by *Trichocephalus dispar*, and thymol is recommended as the best remedy. A fact of much interest is that the flea is said to be the intermediate host.