kinked and matted loop. But these two features taken together constitute, so far as I have been able to ascertain, a case quite unique in the records of strangulated herniæ.

There can be but little doubt that the constantly-recurring attacks of temporary strangulation from which the patient suffered for a period of two years were due to the excursions of the second or intra-abdominal loop. And inasmuch as these attacks sometimes lasted for two days, it is not unlikely that they were accompanied with a certain amount of inflammation in the sac, the result of which would be to permanently cement together the coils thus engaged. It is not possible to say whether the loop which was found strangulated at the umbilical orifice had presented there before or whether this was its first excursion. In any case, however, to it must be attributed the patient's final symptoms; and whatever part the second loop may have played in causing obstruction, it seems more likely that the effects produced by it arose subsequently to, and possibly as the result of, the primary conditions brought about by the strangulation of the umbilical loop. This explanation is rendered the more probable from the fact that while the portion of bowel between the two loops did not present at the operation a perfectly normal appearance, or such as one would have expected on the proximal side of the strangulated loop, it held no comparison to the almost gangrenous condition in which it was found at the *post-mortem* examination.

At the operation we were misled by believing that the reason why the supposed proximal end of the bowel could not be withdrawn was that we were dealing with the upper part of the jejunum, and therefore prevented from further extracting it by the duodenum and its suspensory ligament. As, however, was revealed by the *post-mortem* examination, the real preventative to withdrawal was the second matted loop. Whether the result might have been different had we discovered at the operation the presence of this second obstructive loop, and removed it also, it is not possible to say. The somewhat extreme condition of the patient, however, due to the long delay before operative relief, might reasonably be assumed to render very doubtful the success of an enterectomy.

By a mistake in the drawing, the second loop is shown as free except at its neck, whereas the whole loop was matted together.

ON THE IMMEDIATE CORRECTION OF ANGULAR DEFORMITY OF THE SPINE.

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For some time past, following the example of my colleagues at the City Orthopædic Hospital, I have used Chance's splint for every case of tuberculous disease of the vertebræ. The simplest form of the splint is shown in Fig. 1, which represents the back of a little boy I showed at the meeting of the Clinical Society, November 26th, 1897. Six months ago the patient when under treatment for tuberculosis of the right carpus first showed symptoms of tuberculosis of the spine. There was a localised lateral deviation of the upper lumbar vertebræ, accompanied by rigidity and pain. The splint was applied as soon as possible, and the boy has now worn it for six months. So long as the apparatus is worn, the patient is able to run about without any discomfort, and during six months no appreciable increase of deformity has taken place.

This case is one of several that I have now under my care, and is an example of a case in which the patient need not be confined to bed. When the disease is more active, I apply the same splint and place the patient on a prone couch until all signs of activity have passed away. When the patient is to be washed he is placed on pillows in the prone position, the splint is then easily removed without disturbance of the diseased spine. My experience of this method of treatment is now a considerable one, and, as far as London children are concerned, I cannot hope for a better. I need hardly mention that the splint requires to be readjusted from time to time by the surgeon.

There is, however, one circumstance that led me to study with interest the reports of Calot and others upon the newly-revived operation for immediate reduction of hump-back. It is this: In many children after wearing this splint for two or three years all evidence of disease has ceased. The spine is firm and free from tenderness; some degree of deformity may remain, but it is nearly always less than it was at the beginning of treatment. In some such cases, especially if the angle be in the upper dorsal region, although the disease has been cured, the residual deformity increases when the splint is left off: as the mothers put it—"the hump grows with the child." I was led to hope that, if, in suitable cases, the deformity were corrected before applying the splint, the treatment might commence with a straight back, and if recurrence of the deformity could be prevented the patient after two or three years might be able to leave off the splint

Fig. 1.—The back of a boy showing Chance's splint applied for lumbar caries. (From a photograph by Mr. C. P. Allen.)

without fear of the hump growing from an altered direction of growth in the sound parts of the spine. This consideration led me to perform immediate correction on a little girl, aged 2½ years in August last. The case was a favourable one, of two months' duration, and uncomplicated. There was an angle of about 20° opposite the sixth dorsal spine. The operation was easy, and the patient was put up in plaster strengthened by an iron framework extending from the head to the pelvis. The child seemed to be in no way disturbed by the operation. At the end of six weeks the plaster cuirass had to be removed on account of the presence of vermin which had appeared in spite of careful nursing. We then found that most of the deformity had recurred. The spine was again straightened, and the child put up on a metal plaster apparatus so arranged that the spine was over-extended, and that extension could be applied to the arms and the lower limbs. The patient was perfectly comfortable in this position for a month, when the spine was again examined. The deformity was certainly diminished but not removed.¹ The part was now free from tenderness, and on giving an anæsthetic it was found that there was now more resistance, pointing to some bony ankylosis having taken place, so the remaining deformity was not corrected. The patient was replaced in the apparatus. A fortnight later a Chance's splint, with an occipital piece as shown in Fig. 2 was applied.

At the present time—three and three-quarter months after the first operation—the child can sit up without discomfort and without fatigue.

The results of the operation in this case are a slight improvement in the deformity and a certain amount of repair, as shown by ankylosis; but neither the improvement in shape nor the degree of repair is greater than I should have expected from careful general treatment, combined with the use of a Chance's splint. It may be that a better mode of

fixation after operation would give a greater improvement. In this connection I would refer briefly to the double Thomas's splint recommended by Messrs. Tubby and Jones. That this instrument needs careful management is evidenced by the extensive scars frequently seen in patients who have

Fig. 2.—E. S., aged 2 years and 9 months, sketched sitting up wearing a Chance's splint three months after forcible reduction of angular deformity.

used them without proper supervision. Mr. Tubby mentioned two or three years as the period during which the patient would be likely to be required to remain in this instrument. This, to my mind, would be a very serious bar to the method. I have lately had brought to me a little girl, aged 5, who had lain for four years on a double Thomas's splint for high dorsal caries. Although the splint was well-constructed and carefully watched, a dorsal abscess had formed and opened, and left a sinus. The general condition of the patient was unsatisfactory: she was extremely wasted, the lower limbs especially. Since the double Thomas's splint has been replaced by an apparatus similar to that shown in Fig. 2, the child has gained strength rapidly.

The outcome of my experience leads me to await the final results of operations already done by other surgeons before applying the treatment to other cases of my own. I believe that, by the subsequent use of Chance's splint, three months of complete fixation by a double Thomas's splint, or other means, would on an average be sufficient, as in the case I have related above. I have to thank Mr. Eldon Scott, late senior resident medical officer of the North-West London Hospital, for his valuable help during the progress of the case.

I may add that since this note was written the patient has left the hospital and is being treated as an out-patient. There is no pain or tenderness in the back, and the improvement in position is well maintained.

NOTE.

Photographs which were shown at the meeting of the Clinical Society on November 26th, 1897, showed a diminution of about 6°.

NEGRO LETHARGY.—A bacillus has been found by Cagigal and Lepierre of Coimbra in the blood of a young negro who had suffered for three years from that curious disease—negro lethargy or sleeping sickness—which is endemic on the West Coast of Africa. Cultivations of the bacillus when inoculated into rabbits cause depression, paresis of the hind limbs, wasting and death in from twenty-five to fifty days. Should these observations be confirmed the disease will afford a most remarkable example of the latency of a pathogenic organism, for the symptoms in some cases do not develop until years after the patient has left the endemic area.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

REMOVAL OF FOREIGN BODY FROM THE NOSE AFTER TWENTY-THREE YEARS.

Mrs. C., aged 30, somewhat anæmic, thin and rather small-chested, came to me on November 13th, 1897, saying that there was something in her right nostril, and requesting me to remove it.

When 7 years old she was pushed down, falling partially on some other girls, but with her face, she thinks, on the ground. She had nothing in her mouth at the time; when she rose she felt there was "a stone in her nose," but she could give no particulars as to how it got in. She tried to get it out, without success, and her parents were sceptical as to the presence of the foreign body.

From that time she suffered more or less trouble with her nose. At the age of 11 a polypus was removed at the Victoria Hospital for Children; and again at the age of 13 she was operated upon at that institution. Of the nature of the operation she could tell nothing, save that they "unstopped her nose," and that it was not under chloroform.

The symptoms continued; she had the feeling of something in the nose, and of its occasionally shifting its position somewhat. She never dared blow her nose strongly for fear of pain. Epistaxis occurred from that nostril; and also hæmoptysis occasionally, which the patient herself attributed to blood trickling down from the back of the nose. There was a free discharge of thin muco-pus which was at times markedly fetid. No further operative treatment was adopted until three years ago, when a medical man "removed ten small polypi." At this time she had lotions to syringe the nostril, and from the time of the operation till she came to me there had been no further hæmorrhage or discharge. The sensation of an object in the nostril and the inability to blow the nose forcibly remained.

Profile view of Stone: $\times 2$ (linear).

She had been stooping a good deal at her work, and on blowing her nose gently she felt as if the obstruction had shifted to an unusual extent. There was only very slight indication of nasal obstruction in the timbre of her voice, less than with a moderate cold. Inspection with a Fraenkel's speculum showed, about three-quarters of an inch from the opening, in an upward and backward direction, a small rough white body. Seizing this with a pair of Lister's forceps, it did not move, and on cautiously using the forceps as a probe a large rough body was felt. After one unsuccessful attempt it was firmly grasped in the forceps, and without much trouble extracted. The hæmorrhage was trifling, and within five minutes the patient remarked on the great relief she experienced. A lotion of hamamelis and carbolic acid was given her to use with a syringe, and the progress has been absolutely uneventful.

The whole stone was covered with a layer of blood-stained incrustation about as thick as a sheet of paper, and thickly studded over this were many rough projections, of which one or two groups were specially prominent. On drying, the incrustation became friable, and did not remain in sufficiently good condition to photograph; but the profile given indicates pretty well the form and size of the projections.

REMARKS.—The length of time—twenty-three years—during which the foreign body remained in the nose has been exceeded, as in Dr. Handford's case¹ (twenty-seven years) and

¹ BRITISH MEDICAL JOURNAL, 1893, II, 117.