the opinion was subsequently confirmed by the appearance of growths at the wound, sprouting round the tracheotomy tube. On several nights after her admission the child suffered from serious attacks of dyspnoea, accordingly tracheotomy was performed by my colleague, Mr. Southam on February 23rd with an immediate relief of all the urgent symptoms.

A week after the operation the silver tube which had been used was replaced by a soft rubber one, and this kind of tube (changed three times a week) was worn from that date until November 16th, 1897, when it was finally removed—a period of 3 years and 9 months—and the opening was then allowed to contract and was ultimately closed by a small plastic operation on December 16th.

The diagnosis of papilloma of the larynx was verified, as I have said, by the appearance at the tracheotomy wound some six months after the operation of growths sprouting round the tube. These were shaved off, and small doses of arsenic were administered internally. With the exception of a slight recurrence eight months later, which was similarly dealt with, there has been no drawback to the child's perfect recovery. The voice and breathing were observed at intervals during the wearing of the tube (by temporarily closing the opening), but it was not thought advisable to remove it until every trace of stridor or hoarseness had disappeared. The tube produced no inconvenience beyond the tendency it caused for the child to take cold easily. The larynx has recently been examined by Mr. Larmuth, who pronounces it to be perfectly healthy. Both breathing and voice are absolutely normal.

CASE II.—CURE AFTER WEARING A TUBE TWENTY-FIVE MONTHS.

Frances G. L., a girl of 4 years, was brought to the hospital on March 29th, 1894, with a history of chronic hoarseness, noisy breathing and croupy cough, with paroxysms of dyspnoea coming on at night. Her parents and four other children were said to be healthy. Two other children had died from croup.

On admission it was observed that she had inspiratory stridor with marked recession of the chest walls (suprasternal and supraclavicular regions and slightly at the ensiform cartilage and outwards). She was very hoarse and had a hoarse cough which was very troublesome. During the night the breathing became more difficult, but there were no paroxysms of dyspnoea. She was examined with the laryngoscope by Mr. Larmuth, and at the third attempt he was able to see warty growths projecting from the ventricle of the larynx and other masses coming between the true cords.

Tracheotomy was performed by Mr. Southam on May 9th and a rubber tube was worn until June 5th, 1896, when all traces of obstruction having disappeared, and the voice having regained its natural clearness, it was finally removed.

Mr. Larmuth has recently examined the larynx for me and finds that after a lapse of eighteen months there is not the slightest symptom of the recurrence of the disease.

REMARKS.

It was determined at the beginning of the treatment of these cases to limit it to tracheotomy, the more radical operations of thyrotomy or endolaryngeal extirpation having proved so very unsatisfactory in children, even at the hands of the most skilful operators. It would appear that the spontaneous atrophy of the papillomata depends upon the removal of all causes of irritation in breathing and more particularly in coughing. I do not attach much importance to the effect of the arsenic administered in the first case, in the second none was given.

I must acknowledge my indebtedness to Dr. G. Hunter Mackenzie's communications¹ for the idea of depending upon tracheotomy alone.

REFERENCES.

¹ *Edinburgh Med. Journal*, 1884; *Lancet*, April 6th, 1889; and *BRITISH MEDICAL JOURNAL*, September 12th, 1896.

THE METRIC SYSTEM.—The *Pharmaceutical Journal* announces that with the view of encouraging and assisting the general adoption of the metric system of weights and measures by pharmacists, all quantities will in future be given in its pages in accordance with the metric system.

A CASE OF CHRONIC INTUSSUSCEPTION.

By J. ORTON, M.R.C.S., L.R.C.P.LOND., D.P.H.EDIN.,
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J. K., aged 58, first seen November, 1893, was then complaining chiefly of the extremely offensive character of his motions, and of pain located over the caecal region. The offensiveness of the stools had first been noticed in the early part of the summer, and it had gradually become more intense, and was accompanied by some amount of pain on straining at stool. On examination of the abdomen, a soft, doughy mass was felt in the iliac fossa, which was thought to be faecal, and disappeared with enemata, without, however, benefiting the pain, which seemed gradually to increase in severity in spite of a careful dietary and drug treatment. Chronic typhlitis with ulceration was diagnosed, and consultation with several other medical men failed to improve upon this diagnosis.

As all palliative treatment had little effect in mitigating his condition operative treatment was discussed, but the possibility of the disease being malignant did not seem to justify its strong recommendation, and the patient did not give his consent. The condition, however, became worse. The pain would cease perhaps for a day or two, only to recur with renewed vigour, and he continued to lose weight. Nothing abnormal, however, was to be found on palpation of the abdomen; the bowels acted fairly regularly, a loose motion being passed, occasionally streaked with blood. The intermissions of rest from the pain, however, became fewer and fewer, and he died from exhaustion in November, 1896, after an illness which had lasted three years and a half, having been for the last six months or so almost constantly under the influence of morphine. As he had expressed a decided wish during his lifetime for a *post-mortem* examination to be performed, this was done the day succeeding his death. The body was very emaciated, the abdomen retracted, and on opening the latter no caecum was to be found in the right iliac fossa. This, together with the ascending, transverse, and descending colons were all involved, together with a great portion of the small intestine, in an intussusception which filled up the left side of the pelvis, and extended to the first part of the rectum. The condition was so chronic that it was impossible to reduce the intestines, the adhesions being so very firm; part of the invaginated portion had become but a fibrous coat. On following up the narrow lumen of the canal with scissors, the part corresponding to the caecum was found to be occupied by a gangrenous, ulcerated mass, the size of a small egg, which had no doubt given rise to the offensive stools.

REMARKS.

The case seems worthy of being reported chiefly on account of the probable great length of time that the intussusception had been forming, and of the large extent of intestine involved without gangrene of any portion taking place. It is hard to say when the intussusception commenced, but it certainly must have extended over many months, as evidenced by the tough, fibrous condition of the tube. The primary mischief was doubtless the chronic inflammation and ulceration of the caecum, which first became invaginated and gradually involved the other parts, and the patient only died very slowly from exhaustion.

SOME CASES OF PELVIC SUPPURATION IN THE FEMALE.

By JAMES OLIVER, M.D., F.R.S.EDIN., F.L.S.

The following cases which have occurred in my practice appear to me to present features of interest:

CASE 1. *Abscess of Ovary: Symptoms Developing One Month after Parturition: Operation: Recovery.*—A. M., aged 28, and married six years; has had three children, and no miscarriage; the last child was born four months ago. This child was not suckled. The menstrual discharge reappeared 24 months after this confinement, and on this occasion it was slightly excessive, but in the following month it was of the usual amount. One month after the last confinement the patient was seized with severe pain in the lower abdomen and back, and during the twenty-four hours succeeding the onset of this attack the catheter had to be used twice, as there was complete retention of urine. Thereafter, and up to the present time, some difficulty has been experienced in voiding urine, and the act has always been accompanied with severe pain. Since the attack, one month