tion varied from one hour in Case 1—in which we have to rely altogether on the mother's statement—to forty-eight hours in the fourth case, death appearing, as a rule, to result from exhaustion consequent on the violence of the movements.

At the *post-mortem* examinations the complete absence of any morbid lesions in the brain or its membranes was striking, the pathological features being practically confined to the intestinal tract, the mesenteric glands, and the spleen. In each case the swelling of the agminated and solitary follicles in the small intestine was manifest. The enlargement of Peyer's patches is probably best seen in Figs. 1 and 3; while in Fig. 2 the solitary follicles are particularly well marked. A specimen of the tumefaction of the solitary follicles of the large intestine is probably best afforded by Fig. 3, in which the depression corresponding to the mouth of the individual follicles is quite distinct. The mesenteric glands varied in size from peas to hazel nuts, and were, as a rule, tolerably firm. In no case was the spleen enlarged to any considerable degree; it appeared to be generally about normal in size, and firm. In a couple of the cases the Malpighian corpuscles seemed to be unusually numerous and distinct. A microscopical examination of the swollen tissues revealed little more than an hypertrophy of their constituent elements; there was no indication of any caseation or necrosis. Sections from the Cases I and III were frequently stained with various aniline dyes and after different methods for bacteria, but always with negative results.

These cases, while all residing in the vicinity of Sir P. Dun's Hospital, lived at some distance from each other. The medical officers in the neighbourhood have had no similar cases, nor have we been able to obtain from the other city hospitals, of which we have inquired, any evidence of an epidemic manifesting itself by phenomena similar to those described. An investigation into the health of the district, with special reference to the excessive prevalence of acute infective diseases, of which it might be thought that these were a virulent type, was likewise attended with negative results. At the time these cases were admitted our own fever wards were unusually empty, and there was no indication whatever of the severe epidemics of typhoid fever and influenza which broke out some three or four months later.

Enlargement of the intestinal adenoid tissue occurs under a great variety of conditions. It accompanies, invariably to a greater or less degree, any general acute infective process, for example, the infective fevers, diphtheria, cholera, dysentery, pyæmia, and septicæmia. Undoubtedly in no affection is the enlargement of the adenoid tissue so marked as in typhoid fever, and hence great swelling, with possibly ulceration of Peyer's patches, with swollen congested mesenteric glands, and a spleen considerably increased in size and friable in consistence, are practically pathognomonic of enteric fever. It may indeed be suggested that these cases are badly marked specimens of that disease. In dealing with such a suggestion, we must bear in mind the great infrequency of typhoid fever in children under five years (less than 1 per cent. according to Murchison), the still greater rarity of a death at that early age, and hence the great improbability that four fatal cases should occur within two months, and that at a time when Dublin was comparatively free from enteric fever. But, even neglecting for a moment these inherent improbabilities, we think that the clinical history, the pathological appearances, and the negative results of the bacteriological examinations debar us from looking upon any one of them as a case of typhoid fever.

In the *Transactions* of the Dublin Pathological Society for 1872, Dr. Foot describes a specimen resembling our cases in some points. "The entire mucous tract," Dr. Foot states, "of the small intestine from the duodenal orifice of the common duct downwards was strewn with hard greyish beads, the size of a pin's head, as if grains of sago had been sprinkled over the parts, or mignonette seeds." It differs, however, from these cases in its clinical history (the child was six days in hospital) and in the absence of any involvement of the agminated glands. We have ourselves within the last few months met a case in the *post-mortem* room in which the pathological condition of the intestines closely resembled these specimens. The patient, a boy aged 5 years, died after an illness of a few days from a very extensive diphtherial in-

flammation of the pharynx and larynx, which also extended into the trachea. In addition to the pathological changes in these organs and in his lungs, we found the solitary and agminated follicles in the intestine presenting features very similar to the least marked of the cases with which we are now concerned. In the absence of definite signs and symptoms of the ordinary acute processes, it occurred to us that possibly we were dealing with examples of so-called intestinal mycosis. This hypothesis would serve to explain the rapid death, and possibly also the pathological appearances; but a particular inquiry directed to the nature of the food which the patients had used failed to elicit any information which would support this theory; and as none of the adult members of these families suffered from any symptoms of gastro-intestinal irritation, we think we are bound to reject this supposition as untenable.

We have made a cursory examination of the literature of this subject, and so far have found no description which corresponds so closely with our specimens as that contained in Rokitsky's *Pathology*, under the title of "The Non-typhous Intumescence of the Agminated and Solitary Follicles of the Intestine." He describes this condition as present (1) in affections of the intestinal mucous membrane, as in diarrhoea, particularly when occurring in children; and (2) as a "reflex of constitutional disease in almost all the exanthemata, particularly in scarlet fever, variola, and erysipelas; in acute rheumatism and gout; in croup, in septic and gangrenous diseases, and, lastly, in acute convulsions, trismus, and tetanus." Whether these cases would come under his category of "acute convulsions"—a sufficiently vague term—and, if so, what is the disease of which they are only an outward and visible sign, we are unable to say.

While acknowledging our inability to state what the nature of the affection is—whether, in fact, we are dealing with one or more diseases—we trust that the publicity which these cases now have may be the means of throwing some light on them, of preventing the too hasty diagnosis of meningitis in similar cases, and, finally, by pointing out the great difficulty of clinical diagnosis, of leading to a greater desire and determination to bring our bedside theories to the bar of a *post-mortem* examination.

In conclusion, we have to express our cordial thanks to Professor Finny, President of the Royal College of Physicians, Ireland, for permission to use Cases I and IV, which were admitted during his period of duty at the hospital. Our thanks are likewise due to Mr. Wade, one of the students of this hospital, to whom we are greatly indebted for the trouble and time he expended on the photographs, and to Messrs. Kennan and Kiddle, resident pupils, for the assistance they gave us in the preparation of the specimens.

[Note.—Dr. Parsons kindly undertook the entire trouble of preparing this paper and making the histological examination.—W. G. S.]

STRANGULATED HERNIA OF THE LEFT OVARY IN THE FEMORAL REGION.

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THE rarity of cases of strangulation of a herniated ovary, as also the comparative infrequency of the hernia taking place through the crural canal, renders, I venture to think, the following case worthy of record:—

The patient, an unmarried lady aged 75, was under the care of my friend, Dr. Beath Henderson. In the summer of 1888 she was, for the first time, troubled with a little lump which she felt in her left groin. It had arisen from no known cause, and was accompanied with no other symptom than that of a frequency of desire to micturate, and an apparent inability, as she stated, to empty her bladder. On lying down for a short time she found the tumour disappeared, and with it the urinary symptoms. Since its first appearance the "lump" had often come down, but she found, by pressure and rest on her back, she was able to return it. When down the trouble in micturition always returned, but disappeared on reduction. At these times, when the tumour could be felt, it was about the size of a bean.

On March 14th, 1891, the lump came down and she found she was unable to reduce it. Dr. Henderson then saw her, and, failing to reduce it, ordered the application of hot fomentations and rest in bed. On March 19th—five days after the descent—Dr. Henderson asked me to see her. He stated his belief, from what he had seen of the case before, that it was

one of strangulation of the ovary. She was suffering from no general disturbance; her bowels were open; there was no tendency to vomiting; her only objective symptoms were the local pain associated with the tense, somewhat red, swelling in the groin, and a certain amount of anxiety which she felt regarding her condition. The swelling was tender, and felt more like a solid tumour than any fluid collection. There was no impulse on coughing. In size it might be likened to half a small chicken's egg; and was situated immediately below Poupart's ligament, and in the region of a femoral hernia.

On March 21st I again saw her with Dr. Henderson. The tumour was slightly larger and the skin somewhat redder. Her temperature had risen to 100° F., but otherwise she had no further symptoms. We no longer hesitated in our opinion that something operative should be undertaken. Accordingly, under chloroform, I cut down as for a femoral hernia, exposed an egg-shaped tumour, from which I peeled off what must have been the adherent sac. On examination with my finger I discovered the constricting neck and divided it. My finger then passed into the abdomen, but not into the peritoneal cavity. I felt the external iliac artery in immediate contact with my finger. I freed the neck of the tumour as well as I could; placed a ligature around it, and then removed the tumour. The wound healed somewhat sluggishly, but otherwise the patient did well.

On section of the tumour, and on microscopical examination of its structure, it was shown to be unmistakably an ovary. In one part there was a cyst large enough to hold a hazel nut; within it was a mass of soft fat-like material mixed with blood.

Taking the age of the patient into consideration with the particular nature of her complaint, I have been unable to find any similar case on record. The exhaustive paper on *Hernia of the Ovary*, by Dr. Robert Barnes, in the *American Journal of Obstetrics* (vol. xvi, No. 1), contains some cases of strangulated ovaries. These, however, were nearly always cases of inguinal strangulation, and more frequently than not the ovary was not alone the part strangulated, but with it was associated bowel or omentum. The most prominent symptom in this case was the difficulty of micturition always associated with the descent of the ovary. This does not seem to have been a feature in any of the cases recorded by Dr. Barnes. He mentions a fact which existed in the present case: the adhesion of the ovary to its sac. Thus he states: "The herniated ovary is liable to become inflamed and to contract adhesion with the sac so as to shut off communication with the abdominal cavity."

A case of strangulated hernia of the right ovary in the femoral region is recorded by Mr. E. Owen in the *BRITISH MEDICAL JOURNAL* for 1873, vol. ii, p. 690. In this case the ovary was returned after division of the constricting band.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

STRYCHNINE IN THE PNEUMONIC CRISIS.

HAD been attending for ten days a little girl, aged 2 years and 8 months, who had pneumonia of the whole of the left lung, and some bronchitis about the upper part of the right. The temperature ranged between 102° and 103.5° F., and the whole aspect of the child pointed to a rapidly fatal termination. At my evening visit on the tenth day of the disease the temperature was 101.8°; there had been a little diarrhoea and sweating, and the child had taken its egg-flip badly during the day. I left, expecting to be called out that night, and I was at 1.30 A.M. I found the child cyanotic, cold, pulseless, and drawing every now and then a shallow breath. I opened the doors, quickly filled my syringe with liq. strych., and injected 1½ min., with the result that the breathing became deeper and more frequent, the pulse returned, and the cyanosis became less. I rolled the limbs and head up in cotton-wool, and applied hot-water bottles, and asked for some brandy and milk. A fresh bottle having to be opened there was some delay, and I bent over the cot to listen for the breathing; it had quite ceased, though the pulse was beating. I immediately injected 2 minims more of strychnine; the child drew a deep breath, opened its mouth wide, showing a livid tongue, and remained for some two or three seconds in this position; then the mouth closed, and she breathed regularly and deeply, and took some brandy (3ij) and milk (3iv).

The next day her temperature was normal; she had 4 minims of liq. strych. t.d.s. in place of an ammonia and bark mixture, and alternately with mixture containing perchloride

of iron. That night I left 12 minims with the mother, diluted with three teaspoonsful of water, with directions to give one or two teaspoonsful if the child became livid. At 11 P.M., the child looking blue about the eyelids and sides of the nose, the mother gave one teaspoonful and opened the doors; the lividity passed off, and now, a week later, the child's temperature has been daily normal; both lungs are practically clear, and it is sitting up in bed playing with its toys, but exceedingly feverish.

Bengal.

JOHN S. EBYE,
Surgeon-Captain M.S.

NOTE ON PERFORATION OF THE MASTOID FOR MIDDLE EAR DISEASE.

Of the methods employed in opening the mastoid, antrum, and middle ear for disease of these cavities, the most usual are those by means of the hammer and small chisel and gouge, and of the trephine. The objections to the first of these methods seem to be chiefly in the amount of concussion upon the interior structures of the cranium beneath the seat of operation, and in the danger of wounding the lateral sinus in the event of too much force being used, or of a splinter of bone being detached and penetrating it. The other usual method, that of the trephine, seems to have the usual objections of the ordinary difficulties of trephining operations; namely, constant adjustment of the cutting edge and the removal of the disc of bone.

To obviate these difficulties, it was suggested in several recent cases by Dr. Hunter Mackenzie to use the instruments designed by Mr. Watson, dental surgeon, for the purpose of boring into the antrum of Highmore through the alveolus of the superior maxilla. I acted on this suggestion, and as the results proved eminently satisfactory in all the cases, both as regards the ease and safety with which the operation was performed, and the good after-results from the free drainage established between the mastoid, antrum, and middle ear and external auditory meatus, it occurred to me that the instruments might prove useful to others.

They consist in a gimlet with a small point, and the diameter for children of about one-sixth of an inch. This is cautiously inserted into the bare bone and slowly turned by the hand till the cavity is reached. When this occurs use is made of a cone-shaped burr, in order to enlarge the opening. These instruments can be made of any size, so that any dimension of opening may be made. After an opening of sufficient size has been made, and a free drainage established through the internal auditory meatus, a metal wire twisted into a spiral is inserted into the bone, and kept till the discharge has almost disappeared. During and after the operation the parts are constantly irrigated with an antiseptic solution.

In none of the patients was there any rise of temperature or untoward result after the operation. All the cases were instances of chronic suppurative inflammation of the middle ear with mastoid abscess, and of some months' duration. The ease and safety with which the operation is performed, and the good afterward resulting seem to me to widen the indications for its performance.

The instruments are made by Mr. Young, Forest Road, Edinburgh.

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AN UNUSUAL CASE OF TWINS.

MY attention was drawn by an article under the above heading, which appeared in the *BRITISH MEDICAL JOURNAL* of February 20th; and I think the following notes of a somewhat similar case may be of interest.

I was called to Mrs. F., on March 26th, 1891, in her eleventh confinement. I found her on the floor with the breech of a decomposed fetus already born; the stench was abominable. After separating the child—which was extensively macerated, with the cuticle freely peeling—and placing the patient on a bed, I found the bag of membranes of a second child presenting; these I ruptured, and finding the face towards the pubes, I immediately turned and delivered a full term healthy female child. The placenta followed in due course, and presented nothing unusual in its construction. Vaginal douches were ordered daily for the first few days; there was no pyrexia, and the patient made an excellent recovery.