Age and Sex.

	Under 1.	1-10.	10-20.	20-30.	30-40.	40-50.	50-60.	60-70.	70-.
Males ...	2	2	4	1	2	16	13	12	10
Females ...	5	1	2	2	9	6	15	8	3
Total ...	7	3	6	3	11	22	28	20	13

Total males, 62; total females, 51.

Totally Unexpected Deaths.

Cardiac ...	6
Pneumonia ...	3
Pulmonary embolism ...	2
Late anaesthetic ...	1
Ileus ...	1
Strangulation after hernia operation ...	1
Meningitis ...	2
Renal ...	1
Sepsis ...	1

Total ... 18

We are greatly indebted to our surgical colleagues, past and present, for their kind permission to use their notes of cases; also to Dr. Dorothy Staley for clerical assistance.

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NASAL INFECTION IN CHILDREN.

AN ANALYSIS OF 85 CASES TREATED BY AUTOGENOUS VACCINE.

BY

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In response to the suggestion of a medical colleague specially interested in diseases of children, I turned up the records of all the children (85) who had been brought to consult me between 1915 and 1925, whose illnesses I attributed to nasal infections, and for whom I had prepared autogenous vaccines.

I then wrote to each child's medical attendant and asked: What was the result of the vaccine treatment? and Did the administration of the vaccine upset the child?

I received answers from all. In eighty-three cases the inoculations caused no inconvenience and the full course was administered; in one case the reactions were so severe that the vaccine was discontinued, and in one case the vaccine was stopped because the child got whooping-cough. The therapeutic effect of the treatment appears later, and is so satisfactory that some analysis of the cases cannot fail to be of some scientific and clinical interest.

The average age of the children was 8 years. The following table shows the complaint for which I was consulted, and the result as reported recently by the medical attendant.

Complaints.	Cured.	Much Improved.	Little or no Improvement.
Asthma ...	1	1	0
Bronchitis and asthma ...	5	7	0
Chronic bronchitis ...	11	2	2
Chronic bronchitis and nasal catarrh ...	12	6	1
Chronic nasal catarrh ...	17	11	2
Recurrent pyrexial attacks ...	3	0	0
Recurrent pneumonia ...	2	0	0
Total ...	51	27	5

Naturally every child was brought to me by the father or mother, whose anxiety centred either on the poorness of the child's general health, the fear that "consumption" would

develop, or the inability of the child to attend school. These children for the most part had had prolonged medical treatment, had failed to benefit from a change at the sea, and the tonsils and adenoids had been removed.

When the vaccine was begun all other treatment ceased. In every case the vaccine was given every week for twelve or fourteen weeks.

The bacteriological findings were as follows:

Pneumococcus ...	73 cases
B. influenzae ...	31 "
Friedländer's bacillus ...	17 "
Staphylococcus aureus ...	11 "
M. catarrhalis ...	9 "
Streptococcus ...	6 "
Streptococcus pyogenes ...	2 "
Bordet's bacillus ...	1 case.

From these figures it will be seen that although the pneumococcus was present in nearly all cases, in most instances one of the other germs was present also. No notice was taken and no record kept of diphtheroid bacilli, hard colonies of chromogenic diplococci, or any other germs which were regarded as unimportant.

The vaccines were usually made from primary cultures or first subcultures, sterilized by heat. Their strength varied with the ages of the children. In a child of 8 the initial dose was about five million and the final dose fifty million of each germ employed.

The cultures were made from nasal swabs on plates of blood agar and peptinized blood influenza medium. *Never more than five minutes was allowed to elapse between the taking of the swabs and the inoculation of the media.*

In some cases sputum was available, but added nothing to the bacteriological findings from the nasal cultures. The cultures were usually so profuse as to leave no doubt as to the reality of the infection.

My own belief is that the infection in such cases lies in one or more of the nasal sinuses, and the results confirm the opinion, which I have held for many years and expressed in the JOURNAL on more than one occasion in the past, that not only in nasal catarrh, but also in chronic bronchitis, certain types of asthma, and some cases of unexplained pyrexia, the cause must be sought in the nasal passages. That one should have been so fortunate as to get satisfactory results in over 90 per cent. of cases which had defied other forms of treatment is the excuse offered for publishing these notes.

THE DIAGNOSIS OF TUBAL ABORTION AND RUPTURE.

BY

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TEACHERS of gynaecology and obstetrics are compelled to be somewhat dogmatic when lecturing to undergraduates; and even by the bedside they have to try to impress the student's mind with a fairly definite picture of the various types of pelvic lesions with which he is expected to deal in after-life. I think most young graduates feel that whatever else they do not know, they are not going to fail to diagnose the classical case of tubal abortion or rupture. The history that one or two regular menstrual periods have been missed; the sudden onset of pain in either iliac region, with extreme tenderness and rigidity of the abdominal muscles; the slight loss per vaginam; the rapid pulse; the pallor of the patient; and the discovery of a fluctuant mass in the posterior fornix—when all these are present there is no difficulty in coming to a quick and correct diagnosis.

This picture, however, is seldom seen, and many cases have come under my care where the diagnosis has not been made or has been made very late. When the case has been diagnosed early the prognosis is very good, but becomes rapidly worse the longer the patient continues to bleed—for two reasons: first, the drainage of blood, apart from the primary risk of death by syncope, exhausts the haemopoietic tissues, and postpones the re-establishment of an efficient blood supply; secondly, the continued