In the evening he was no better. He was suffering greatly from flatulency, but had passed no flatus, nor had the bowels moved. His temperature was 100° and his pulse good, but he had great pain over the epigastric and umbilical regions. He was given a mixture of sulphate of magnesia and small doses of belladonna. On the morning of the 16th his condition was worse. He had had a restless night and was sick frequently, bringing up at one vomit about half a pint of dark blood. His temperature was 101°, his pulse 100 and hard, the tongue dry. There was great thirst. I gave an enema, which brought nothing away, and was followed by a good deal of collapse and sweating. In the evening his bowels were greatly distended, but the pain was much better. His temperature was 101°, his pulse being fast and intermittent. He had a very restless night, with a good deal of delirium. In the morning of December 17th his symptoms were much the same as on the previous day—sickness, thirst, restlessness, and slight wandering. His bowels were greatly distended, and no liver dullness could be made out. His temperature was 101°, and his pulse fast and intermittent. No flatus passed, nor was there any action of the bowels. He was now taking 1 gr. of opium every five hours. He had a bad night. On the morning of December 18th his temperature was 100°, his pulse weak and running, his tongue dry, and constant sickness; there was delirium and great abdominal distension. In the evening I thought he was sinking. The vomiting of blood on the second day of his illness, the absence now of all pain, and marked tympanites over the entire abdominal region, made one fear gangrene of the bowel. His age and condition rendered any abdominal operation out of the question.

Treatment.—On mentioning the action of quicksilver to his friends, they were most anxious for its trial as a last resort. I must say I gave it with little hope and a good deal of misgiving. He had half a pound on the evening of the 18th and opium pills every four hours.

Progress.—Had a very restless and delirious night up to 6 a.m., when his bowels were moved, and he passed a great quantity of flatus. On the morning of the 19th he was distinctly better, his mind clearer, his pulse better, the abdominal distension less, and he was able to keep down nourishment, which he had now at frequent intervals. He passed a fair day, and had another action of the bowels in the evening. He gradually improved from day to day, and was able to take and digest frequent nourishment. His temperature still remained about 99°, and his pulse was still fast. A digitalis and strychnine mixture was now given with considerable benefit, and a dose of castor-oil now and then, which always moved his bowels well. He got up for a short time on December 20th. A small quantity of mercury appeared in the motions on the 20th, and on December 30th a large, if not the entire, quantity came away. His temperature fell to normal, his appetite improved, and on January 20th, 1902, his condition was most satisfactory. He was enjoying his food and a cigar, was able to get out and take exercise, and, beyond some little difficulty in keeping his bowels regular, was quite well.

In neither of the two cases I have described was there the slightest symptom of mercurialism, nor did the drug produce any increased abdominal pain.

In the second case, the very acute onset of serious symptoms, the presence of blood in the vomit, and the rapid development of general abdominal tympanites, clearly pointed to some very acute intestinal obstruction.

A NOTE ON THE INFANTILE MORTALITY FROM TUBERCULOUS MENINGITIS AND TABES MESENTERICA.

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THERE is an old axiom exhorting us to give the Devil his due, and another which asserts that that personage is not so bad as he is often painted. Substitute the tubercle bacillus for the author of evil, and the two proverbs form the text of this note.

By those who disagree with Koch's latest theories the infantile mortality from various forms of tuberculosis (of which the two diseases under notice form during the first year of life by far the greater half) is frequently used as an object lesson pointing to the extreme danger of a contaminated milk supply.

Milk forms the staple diet of infants; only too often it is cow's milk which takes the place of the mother's, the death-rate from tuberculosis is so-and-so, milk is proved to be infected—what more is wanted? Only the verification of all the premises; and it is the penultimate as I have given them which is the weak link in the chain, though on paper it may appear the strongest. Textbooks are fairly unanimous in stating that tuberculous meningitis, at any rate, is comparatively rare under the age of 1. In view of this the figures in the following table, compiled from the last available statistics of the Registrar-General, are remarkable. According to them approximately three-tenths of all cases occur in the first year, something like half as many again as in the second age period, the next most affected.

Deaths from Tuberculous Meningitis in England and Wales.

Year.	All Ages.	Under One.	One.	Two.	Three.	Four.
1898	6,681	1,985	1,397	693	485	344
1899	6,449	1,820	1,228	712	478	372

The second table gives the deaths from tabes mesenterica during the same two years, and it will be seen that the proportion is even more marked.

Deaths from Tabes Mesenterica in England and Wales.

Year.	All Ages.	Under One.	One.	Two.	Three.	Four.
1898	6,357	3,265	1,135	394	160	96
1899	6,294	3,208	1,100	366	164	106

In the report of the Liverpool Medical Officer of Health for 1900 tuberculous meningitis, tabes mesenterica, and scrofula are classified together, and a similar, though less marked, ratio is seen: All ages, 430; under 1, 113; 1 to 2, 70; 2 to 5, 82. From these statistics, then, it would appear that both these diseases occur with greatest frequency during the first year of life, or at any rate are then most fatal, and the most optimistic physician will admit that in meningeal tuberculosis the death-rate is practically equivalent to the rate of incidence.

Such being the facts it would be strange if in a hospital like the Liverpool Infirmary for Children, with a monthly attendance of over a thousand new patients from which to recruit the wards, verified cases should prove extremely uncommon. Nevertheless a careful search through the *post-mortem* records for the last seventeen years shows that this is so. During that period there have been 85 necropsies where tuberculous meningitis was present, and while 10 of the subjects were in the second year, 18 in the third, and so on there was not a single case in the first year. Over 70 infants have come down to the *post-mortem* room, and 9 of these had meningitis, which in every instance was pronounced definitely not tuberculous, and I have been unable during the last four years to find one among the out-patients which was. At Guy's Hospital there were only three in forty years.¹

Of tabes mesenterica I would not speak so positively. There is a *post-mortem* record of one case only, that of a patient of Dr. P. Davidson, a male infant of 10 months, who had in addition an empyema; but very many more infants die with symptoms of intestinal disease where it would be impossible without examination to exclude tubercle than with those of meningitis. Still one necropsy in seventeen years hardly points to a mortality of more than half the total number of deaths.

I cannot help thinking that if these diseases were so fatal to young infants, we should find more instances recorded in the books of our hospitals, and that in very many of the deaths certified under these headings the tuberculous element was absent. The meningitis, for instance, may have been suppurative, syphilitic, the chronic basilar form described by Barlow and others, or the cerebro-spinal type, either epidemic or sporadic; or perhaps infantile convulsions, with their numerous causes, may have been misinterpreted. The error with tabes mesenterica possibly arises from the vagueness of the term, which in itself gives no clue to the fact that tubercle is involved. Hence the inclusion of many cases of "wasting," for which the bacillus is not responsible.

If my contention is right, greater circumspection in the signing of death certificates, and the avoidance of stating therein as a definite cause what is at best only a surmise, should result in an appreciable improvement in the death-rate from tuberculosis—a highly desirable consummation, whether achieved by the efforts of our sanitarians, or only by the elimination of cases which should never have fallen under that heading.

REFERENCE.

¹ Fagge and Pye-Smith, *Principles and Practice of Medicine*, 3rd edition, vol. 1, p. 635 (1901).