

The following points seem to me to make the case worthy of mention:

(1) The comparative rarity of a strangulated hernia in so young a child. (2) The extreme rarity of both small and large bowel, including caecum and appendix; being found in such a case. (3) The fact that the operation was successful although it was done without any assistance whatsoever, and in a small farm kitchen, circumstances not conducive to a perfect aseptic technique.

ALEX. MITCHELL, M.B., Ch.B. Aberd.

Old Rayne, Aberdeenshire.

SECRETION OF MILK IN THE AXILLA.

SUPERNUMERARY nipples and axillary mammae are probably not so rare as supposed. I have a patient who has a well-marked gland on each side quite distinct from the principal mammary gland and extending to the axilla. Each of these glands has a distinct nipple, only about the size of a pin's head, in the non-puerperal state, but enlarging to three or four times that size in the puerperium. There is always a free discharge of milk from these nipples during the puerperium, and on one or two occasions the glands have become painful and swollen until the flow of milk was encouraged. Until I saw the article in the BRITISH MEDICAL JOURNAL of January 19th, p. 164, I did not know that they were of sufficient interest to be worth recording.

Melbourne.

HORACE P. GODFREY, M.B., F.R.C.S.

REPORTS

ON

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

SUNDERLAND INFIRMARY.

FOREIGN BODY IN APPENDIX ABSCESS.

(By W. PERCY BLUMER, F.R.C.S. Edin., Honorary Surgeon.)
THE memorandum by Mr. Sheen of Cardiff in the JOURNAL for April 13th, describing the discovery of a flat splinter of wood in the interior of an appendix abscess, prompts the relation of the following case. The patient, a little girl aged 6, was sent into the Sunderland Infirmary by Dr. Beveridge, with a swelling in the right iliac fossa, on December 1st, 1906.

History.—For six or seven weeks she had complained of pain in her right side, sometimes better and sometimes worse, but she had not been confined to bed until a day or so before admission. There had never been any vomiting. The bowels had been kept regular by aperients.

On admission she appeared a healthy child, well nourished, and was in no pain. Temperature 101°C, pulse 100. There was a tense, slightly fluctuating swelling in the right iliac fossa, extending upwards and backwards towards the loin. It caused only very slight pain on palpation, and had only been noticed for two days.

Operation.—On opening the abdomen an abscess over the appendix area was evacuated and drained. It extended behind and to the outer side of the caecum. There were many pockets, formed by strong adhesions, all containing pus. No appendix could be found. The general peritoneal cavity was quite shut off by dense adhesions. An ordinary large-sized pin—quite black—was found loose in the abscess cavity. The child was quite comfortable and intelligent on the day following the operation. On the second day she became drowsy, and very irritable when disturbed. Temperature 97°C, pulse 120. The abscess was draining well. On the evening of the following day the child became very weak, and died in a convulsion.

Post-mortem Examination.—The abscess cavity was found completely cut off from the general peritoneal cavity by very dense adhesions. No appendix could be distinguished, its site being in the midst of a dense mass of fibrous tissue. There was no peritonitis. All the other organs appeared healthy except the liver, which was fatty.

REMARKS.—As no information with regard to the pin could be obtained from mother or child, we came to the conclusion that it must have been swallowed either with food or otherwise, and gradually found its way down to the appendix, where it became embedded. It eventually pierced the appendix and caused the abscess. It is remarkable how the child was able to run about and attend school even up to a day or two before admission, and had only been seen once by Dr. Beveridge. I am indebted to Dr. Lionel H. Booth, my house-surgeon, for notes of the case.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

BIRMINGHAM BRANCH.

PATHOLOGICAL AND CLINICAL SECTION.

Birmingham, Friday, April 26th, 1907.

THOMAS NELSON, M.D., in the Chair.

Election of Officers.—Mr. J. T. J. Morrison was elected Chairman for the ensuing session. Dr. Smallwood Savage and Mr. Leonard Gamgee were elected Honorary Secretaries.

Festinating Speech.—Dr. STANLEY BARNES showed a case of festinating speech in paralysis agitans.

Tonic Muscular Spasms.—Dr. SAWYER showed a case of tonic muscular spasms, very similar to those found in tetany, occurring in a single woman, aged 49. She had had the attacks very frequently during the last twenty-two years; some had lasted as long as one month. The hands were chiefly affected, and assumed the position usually seen in tetany. The muscular spasms were so severe at times that the patient could not use her hands. They were worse on waking in the morning, and much better when the hands were cold. During the attack any attempt to use the hands made the condition worse. There were also sometimes muscular spasms in the face, arms, feet, and legs. There were no other signs of tetany; Chvostek's symptom and Trousseau's phenomenon were absent. When younger, she had had dysmenorrhoea, and had suffered slightly with constipation. There seemed to be no gastrointestinal affection, and renal disease was not present. The patient was a very excitable and nervous woman, and had had two or three "fits" when young. Dr. Sawyer did not consider the case to be one of true tetany, but a condition of pseudo-tetany of hysterical origin.

Opsonic Treatment of Actinomycosis of Lungs.—Dr. WYNN showed a case of actinomycosis (streptothricosis) of the lungs treated by the opsonic method. The patient was a boy, aged 14, who in November, 1906, began to complain of pain in the left side of the chest, paroxysmal cough, and abundant offensive sputum. On December 19th he was admitted to the Birmingham General Hospital with an empyema pointing just below and outside the left nipple. This was opened, and 8 oz. of offensive pus evacuated. A portion of the seventh rib was excised. With the finger a ragged cavity passing up towards the axilla could be felt. It was difficult to determine whether this cavity was in the pleura or the lung. The pus from the empyema and the sputum was green, and contained enormous numbers of small brownish-yellow granules, which, on examination under the microscope, showed a network of mycelial threads. Cultures of the organism were made on agar and blood serum, and from these cultures a vaccine was prepared by drying and sterilizing the growth at 60°C., and then grinding it up in normal saline containing a little glycerine. The vaccine was standardized by weight; 4 c.cm. of the emulsion containing 4 mg. of actinomycotin. This was diluted a thousand times, and the dose used for inoculation was 0.001 mg. An attempt was made to estimate the opsonic index by using young cultures and grinding up finely in an agate mortar. Before treatment the opsonic index stood approximately at 0.5. Inoculations were given on January 8th and 18th, February 11th and 25th, and March 11th and 27th—in all, six inoculations. The highest opsonic index obtained was 1.7, but obviously this could not be estimated with the accuracy of the tuberculo-opsonic index. The patient, who was previously very ill, now looked healthy and robust. In three months his weight increased from 4 st. 8 lb. to 6 st. No sputum was coughed up a week after the first inoculation, the cough disappeared, and the sinus rapidly healed. The temperature, previously fluctuating with evening rises to 100° and 102°, sank the day after the first inoculation to normal. The liver, which was enlarged and tender and felt 3 in. below the ribs, gradually receded and could not now be felt. At the present time examination showed the existence of thickened pleura and a cavity in the lung at the left base. The cavity was dry and had given no adventitious sounds for a month. The patient was still under treatment.