continuous evacuation, and found considerable benefit, as compared with drainage by ordinary tubing. But the discharge went on, and I was in despair. Finally I tried pulv. ipecacuanhae, and in a remarkably short time—a few days merely—the discharge had ceased, and the opening closed. Then to my vexation—though our newer ideas quite explain its advent—dysentery set in. The patient seemed too weak to stand much more, but he gradually rallied, and went out cured.

I may add that in Kalna Hospital we found the administration of ipecacuanha quite a satisfactory thing, and even in the case of the out-patients the more intelligent frequently realized its usefulness, and were very ready to take every precaution against nausea, very often with complete success.

Leven, Fife. MALCOLM MACNICOL, M.B., C.M.Glas.

PYLORIC OBSTRUCTION.

JOHN J., aged 42, was sent to me by Dr. McAlister Hewlings, of Leicester, on June 26th, 1909, with symptoms and signs of pyloric obstruction and dilatation of the stomach. There was a doubtful history of an attack of appendicitis in August, 1907. For the last year he had had much pain in the epigastrium after food. Vomiting had commenced three months before I saw him, and occurred each day, large quantities of sour, acid stomach contents being thrown up. There had been marked loss of weight. There was no history of jaundice.

The stomach was found to be considerably dilated, peristalsis of the organ being visible through the abdominal wall. No tumour could be felt. A diagnosis of pyloric obstruction, due to probable contraction round an old ulcer, was made, and operation advised.

This was performed on June 30th, when the stomach was found to be enormously dilated; the pylorus and gall bladder were densely adherent, and several stones could be felt through the wall of the latter. On opening the gall bladder ten small stones were removed; one large one, of cylindrical shape, about 1 in. long and ¾ in. in diameter, was found wedged tightly in the pylorus like a cork. On extracting this, stomach contents at once gushed up freely through the wound in the gall bladder. The latter was sewn up carefully, and a posterior no-loop gastro-jejunostomy performed. A drainage tube was inserted down to the gall bladder. After a somewhat tedious convalescence, due to suppuration in the abdominal wound, the patient went home free from all his gastric symptoms.

The gall stone had evidently ulcerated its way into the pylorus, and from the appearance at the operation it was difficult to imagine how any stomach contents ever got into the duodenum.

Leicester. F. BOLTON CARTER, M.S., F.R.C.S.

A CASE OF POISONING AFTER SMALL DOSES OF ASPIRIN.

THE following case is, I think, of sufficient interest to record, owing to the rarity of the aspirin idiosyncrasy, and the fact that it appears to be little known that there are people affected in an alarming way by even small doses of the drug:

First Incident.—Mrs. A., aged 60, was, last spring, advised by a friend to try aspirin for her rheumatism. She therefore took one 5-grain tablet some little time after a meal at which she partook of fish and cocoa. In half an hour she noticed that her lips were swollen. The swelling spread rapidly all over her face, and finally her tongue and throat became affected. My partner, Dr. Barber, who was called in, was inclined to ascribe the symptoms to fish poisoning, although the patient herself put the blame upon the tablet, and refused to take another. In twenty-four hours all swelling had disappeared.

Second Incident.—On December 8th Mrs. A. consulted Dr. Barber about her rheumatism, and he prescribed for her aspirin, gr.v., three times a day. She took the first tablet at 5.15, allowing it to dissolve in her mouth, and using no liquid to wash it down. At 5.30 she had a meal consisting of coffee, bread-and-butter, and some preserved greengages (not tinned).

Conditions Noted.—I was called to see her shortly after 6, my partner being out. I found her very anxious and restless, her face enormously swollen, especially the eyelids, lips, and nose. The tongue was swollen so much that it was with difficulty protruded between the teeth. The fauces also were much swollen, and she complained of great discomfort in her throat. There was no headache, but she complained of her head being "funny and uncomfortable." On her hands and forearms there was an urticarial rash. The pulse was 110, feeble. The pupils were moderately dilated, and the conjunctiva of both eyes was bloodshot.

Result.—My partner saw her shortly afterwards, and we both feared that oedema of the glottis might supervene. Next morning the swelling was much less, but the eyelids were still very puffy, and the vessels of the conjunctiva engaged; in fact, this symptom did not disappear for a week. The pulse was 80, and she felt well.

REMARKS.

On both occasions the drug used was the product of the Bayer Company, made into tablets by the Standard Tablet Company, of Hove, and there can be no doubt as to the purity of the drug. The Bayer Company, to whom I wrote giving a description of the case, replied that a few reports of somewhat similar conditions, resulting from the use of aspirin, had been sent to them.

This, then, appears to be a case of a rare idiosyncrasy to aspirin, a vasomotor neurosis, allied to angeio-neurotic oedema, but without visceral symptoms. It is important to bear in mind the possibility of such cases, and that the symptoms may be of a very alarming nature, since aspirin is a drug so freely prescribed and so freely taken without consultation with a medical man. Moreover, it seems to point to the wisdom of always starting treatment with a small dose. In this case, had two or three tablets been taken instead of one, it is quite possible that a fatal oedema of the glottis might have occurred.

Hastings. CONWY MORGAN, M.D.Lond.

Reports

ON

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

KENT COUNTY ASYLUM, MAIDSTONE.

A CASE OF ANEURYSM OF THE HEART.

(By B. C. A. LEEPER, L.R.C.P.S.I. and L.M., Assistant Medical Officer to the Asylum)

H. T., 62 years of age, a pensioner, R.M.L.I., married, was admitted on January 10th, 1907.

Family History.—Unimportant.

Previous History.—After pension from R.M.L.I. he went to Chatham Dockyard, where he performed hard work as a fitter. He had influenza two years before admission, and had had rheumatic fever once when abroad.

On Admission.—His general health good. The heart impulse beat beyond the nipple line. Action weak. Sounds impure. Pulse 82, good volume. The other organs were healthy.

After Admission.—He was very depressed, and said he wanted to die. Cried in a piteous fashion, and stated that twelve months ago something seemed to strike him like an electric shock, which worked into his inside, causing him great pain, which he said he continued to feel in his chest, stomach, and testicles. He worked fairly well in the wards, but at times took to his bed for two or three days at a time, when he got more depressed than usual, and begged to be shot. There were no more evident signs of any cardiac trouble than he had on admission.

On September 7th, 1910 (three years and eight months after admission), he was at tea in the ward, and suddenly fell off his chair and expired immediately.

Post-mortem Examination.—Pericardium and heart weighed 33¼ oz. The heart was firmly fixed by dense fibrous adhesions to pericardium. The walls of ventricles were very friable and chiefly fibrinous. All cavities were enormously dilated, especially the left ventricle, to which there was attached a sac (about the size of a cricket ball) communicating with the ventricle by a small orifice. This sac was filled with layers of laminated clot. All other thoracic and abdominal organs were healthy.

REMARKS.—The chief features of interest in this case were: (1) The absence of any physical signs of the aneurysm, which had clearly been present for some considerable time; also (2) that it did not appear to hinder the patient in any way from performing hard work as a fitter; (3) the rare position for the aneurysm to be situated.