(No previous leaking had taken place.) A finger was placed over this to prevent blood escaping into the abdominal cavity until the clamping of the pedicle could be effected, when the bleeding ceased. The cavity left by the removal of the tube was now sponged dry, and the abdominal wound sewn up with silkworm-gut sutures. No drainage was employed.

The sutures were removed on the eighth day.

Recovery was uneventful with the exception that the subcutaneous tissue did not unite perfectly by first intention. This was no doubt due to the extreme nervous restlessness of the patient.

On examination of the tube, the fœtus, which appeared to be of from six to eight weeks' development, was found embedded in recent blood clot and lying inside a membraneous sac the size of a small hen's egg. Recent blood clot about ¼ inch in thickness also surrounded the sac. The wall of the tube was somewhat thickened for the most part, but was becoming very thin at certain points where no doubt rupture would very soon have occurred in the ordinary course of events.

I am indebted to Captain Bird, I.M.S., for his valuable assistance during the operation.

EMPHYSEMA OF THE INTESTINE PRODUCED BY ROUND WORM.

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CONVICT No. 8655, Venkiah, was admitted to hospital on 14th March 1898, complaining of fever, pain in the abdomen, and that his bowels had not moved for several days. Santonine and castor oil was administered because the ova of this parasite were found on microscopic examination of the fæces. On the 15th, 16th and 17th he was treated by santonine and castor oil with negative results. His temperature rose daily to 103° F. On the 18th his bowels moved four times, but no worms came away in the motion. On the 19th his bowels moved twice, yet no parasites were passed, and during the day he became unconscious, the abdomen distended and the urine albuminous. He died early on the morning of the 20th.

Post-mortem.—The brain was slightly congested, the ventricles containing a considerable amount of serous fluid. The lower lobes of both lungs were congested, and there were a few hæmorrhagic spots superficially. Both liver and spleen were enlarged and shewed malarial pigmentation, the weights being 54 and 14 ounces respectively. The large bowel was congested and somewhat catarrhal. About two yards above the ileo-cæcal valve were two separate groups of worms, each an intricate mass.

There were twenty-one round worms in the two clusters and the longest was 14½ inches. The bowel at this place had two deeply congested areas which were of a purple colour. At the spot where the upper group of worms lay was a raised emphysematous patch measuring five or six square centimetres and two centimetres high. The emphysema was caused by infiltration of gases from the lumen of the bowel and the constant irritation produced by the movements of the parasit s over the inflamed bowel. Ulceration had commenced in one or two places round the emphysematous patch.

Remarks.—No blood examination was made, so the possibility of malaria being also a factor in fatal course of the disease cannot be excluded. Arthur and Chauson had proved that living ascarides contain a poison which, when injected into rabbits, causes death. Other authors have shown that the poison produced acts on the nervous system as well as on the blood. It cannot be definitely explained why toxic symptoms are not always present in these cases, but their appearance may depend on the duration of the disease, and on the number and vitality of the worms. I have had several convicts who were distinctly silly, and recover after evacuation of the parasites. One convict, No. 7165, was described by the hospital assistants as "off his head" may be mentioned. He passed 87 worms in nine days, after which his mental aberration was cured. Whether these nervous systems are purely reflex or due to poison is still a matter for discussion. It is frequently stated that one dose of santonine and castor oil is sufficient to rid the bowel of round worms—this is quite opposed to my experience, and the case above-mentioned is a typical example.

CASE OF SEPTIC ENDOCARDITIS.

UNDER THE CARE OF
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REPORTED BY
U. N. BRAHMACHARI, M.A., M.B.,
Resident Physician.

BHUBUN, *æt.* 26, Hindu female, admitted on the 14th September 1899 for the treatment of an irregular type of fever of nearly a fortnight's duration; there was history of a vaginal discharge for about three weeks and painful swelling of the knees and ankles for about a week.

Condition on admission.—She looked very ill; face, anxious; skin, hot and dry; tongue, coated dry and tremulous, marked subsaltus tendinum; all the bigger joints of the body were tender and painful, especially so the right knee which was hot, red and felt somewhat tense. The liver

and spleen were slightly enlarged. The heart sounds were regular and somewhat sharp; no bruit or rale audible over the præcordia; cardiac dulness normal. Breath sounds nothing abnormal.

Subsequent history of the case.

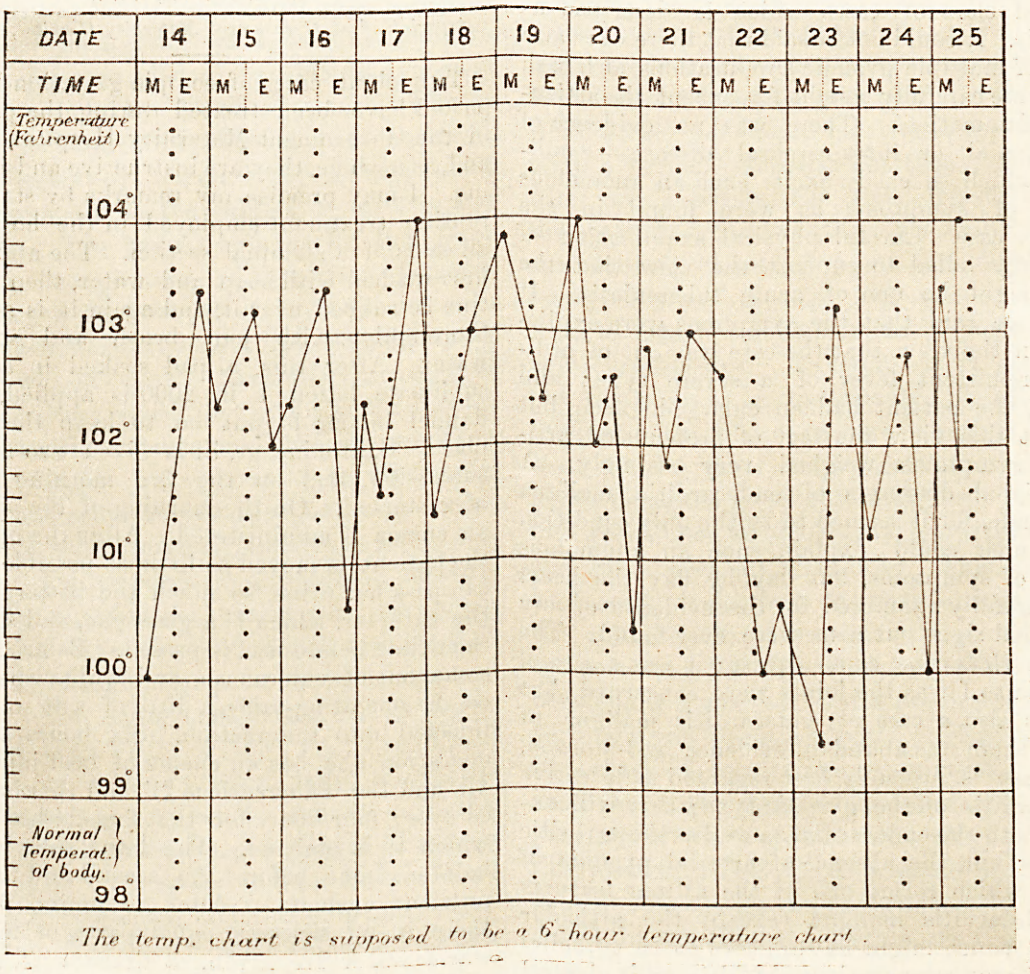
The patient was put on large doses of salicylate of soda for two days without the slightest benefit resulting. On the sixth day the swelling in the joints, especially the right knee, diminished to a remarkable extent, but the patient began to suffer from low muttering delirium. On the seventh day acute bed sores appeared over the sacrum and inferior angles of the scapular, and the skin had an icteroid tinge. On the tenth day a few vesicles appeared over the hands and ears which soon became pustules. The heart sounds were normal throughout, the cardiac dulness was not increased; the pulse became irregular only at the last stage. The patient died on the twelfth day after admission.

On *post-mortem* examination the pericardium was found to contain an ounce of turbid sero-purulent fluid; between the anterior and middle cusps of the aortic valves, there was a small nodule about the size of a pea extending to half of the anterior cusp. On piercing the vegetation a hole was made in the valve and it was removed very easily; a condition similar to that of the aortic valves was found in the posterior cusp of the mitral valve; no vegetation on the tricuspid valve.

The uterus was healthy, and there was some purulent discharge from the vaginal walls; some adherent bloody mucus was found in the body of uterus.

In both the knee-joints synovial membrane was vascular, especially on its free edge, and a small quantity of purulent fluid was found within these joints. There was no erosion of cartilages.

Remarks.—This case is an anomalous one, at any rate it was so during life. The interest of the case lay clinically in the fact that the local signs did not seem commensurate with the general state of the patient. Throughout the course of the case the only points upon which the diagnosis



The temp. chart is supposed to be a 6-hour temperature chart.

had to be based were the presence of pronounced articular inflammation and a continued remittent type of fever which seemed to comport itself along no definite course. Although carefully sought for repeatedly, no definite signs of cardiac change could be discovered. The area of cardiac dulness remained unaltered; the sounds were as normal as any patient suffering from continued remittent fever could reasonably be expected to have. There was no evidence at any time of endocarditis maligna. Such cases with such a lack of definite proportion of symptoms to physical signs actually fall within the category of that class of cases which is described as pyæmic. It could not be said that there were any signs of multiple pyæmic suppurations, although they were carefully sought for, except the articular inflammation. There was no evidence of intracranial or intra-cerebral disease—conditions which so easily excite such an anomalous series of symptoms as were found in the present case. Careful physical examination of the lungs failed to support the view that the case might be one of acute tuberculosis. It might be said that the symptoms were explicable on the view that the case was one of ordinary remittent fever of a severe type; and indeed the patient had an enlarged spleen, but against this view the fact of pronounced articular symptoms weighed very strongly. A provisional diagnosis of endocarditis maligna was made, for it seemed to be the only condition left which could explain such an anomalous series of symptoms, but day by day the heart was carefully examined for the evidence of any abnormal signs but none were ever found. The *post-mortem* came as a surprise; it was a case of pyæmia so far as the joints were concerned, but it was also a case of endocarditis maligna of which there was abundant evidence *post-mortem*. The case is probably best regarded as infective endocarditis of the pyæmic type; this will explain both the endocardial as well as the arthritic lesions; but the absence of arterial pyæmia of Wilks which forms one of the salient features of endocarditis maligna (except the articular lesions which might be supposed to be embolic) and of any suppurative phlebitis and visceral metastatic abscesses which are almost constantly present in pyæmia is very difficult to explain. The source of infection was undoubtedly from the vagina being probably gonorrhœal; the gonococcus was not, however, demonstrated in the vaginal discharge or the vegetations. The presence of endocarditis maligna due to the gonococcus is certainly possible, and has been pointed out in a recent paper in the *British Medical Journal* to have been long recognised in the Guy's Hospital, and to have also been demonstrated by Thayer and others. Such cases of genuine gonorrhœal endocarditis are, however, characterized by marked endocardial symptoms as mentioned in Allbutt's system. On the other hand, the case might be due to a secondary septic infection in the course of gonorrhœa; this will explain why the case had more of the symptoms of endocarditis maligna of the septic or pyæmic type than of the cardiac type.

I am indebted to the professors of the college for permission to publish this case.

ECTOPIC GESTATION—A SERIES OF EIGHT CASES TREATED BY ABDOMINAL SECTION.*

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THE eight cases of ectopic gestation here reported have been treated during the past year in the Government Maternity Hospital, Madras, and, as a whole, they are instructive and interesting. I may premise my remarks by stating the routine treatment employed in the hospital in all cases of abdominal section. The abdomen is first washed with soap and water, then turpentine is rubbed over it, and again it is scrubbed thoroughly with nail brush and soap and water. After this, a pad soaked in corrosive sublimate lotion 1 in 2000 is applied, and a flannel binder is put on to keep the pad in place. Santonine gr. iii is given two nights in succession, and on the 3rd morning a dose of castor-oil. On the morning of the operation an enema is administered. After the operation the patient is moved as little as possible; if she can pass her urine, so much the better; if not, the catheter, which is a glass one, and sterilised each time before use, is passed. Before she has come out of chloroform, and whilst she is still on the operating-table, a litre of salt solusion is injected into the rectum. Six hours after the operation she has an enema of beef-juice (raw) ʒii and Liq. Pancreaticus ʒii, and this is repeated every four hours for the first 24 hours, after which it is omitted. The flatus tube is passed half an hour before the second and following nutrient enemata. After 24 hours, provided there is no sickness, equal parts of milk and warm water are given, a drachm at a time; and this is gradually increased, and the water decreased, until at the end of 48 hours she is taking pure milk. For the thirst, which patients always complain of after a long operation, sips of hot water are given, and gargling the mouth with warm water. This is found to be much more efficacious than pieces of ice to suck. Should the temperature fall, as it often does, hot water bottles are applied to the sides of the chest and between the legs, and the patient is covered with a blanket; unless the restlessness is extremely great, no morphia is given.

(*To be continued.*)

* Another case by Captain H. M. Earle, I.M.S., is recorded at page 17.—ED., *I. M. G.*