Clinical and other Notes.

INTUSUSCEPTION COMPLICATED BY APPENDICITIS IN AN INFANT AGED EIGHT MONTHS.

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INFANT boy, M., aged 8 months, was brought into the Station Hospital, Secunderabad, at 7 a.m., March 27th, 1910, by Major E. P. Hewitt, R.A.M.C., who had seen him at 2 a.m. the same morning, when he was suffering from violent colicky pains, accompanied with vomiting, and the passage of stools consisting of blood and mucus.

There was a history of the child having previously had severe attacks of colic, but otherwise he was a healthy, well-nourished child. It was altogether breast fed.

When I saw him on admission, the little patient was in a very collapsed condition, and was vomiting almost continually small quantities of bile-stained fluid. Temperature 101; pulse 140; respiration 40. A cylindrical tumour could be felt below the right costal margin, running up from the right iliac fossa.

Acute intussusception was diagnosed, and it was decided to operate at once. The skin of the abdomen having been disinfected with tinct. iodii., an incision was made through the outer portion of the right rectus sheath opposite the umbilicus. The intussusception was withdrawn through the wound and reduced without much difficulty. The walls of the cecum were found to be considerably thickened, and the distal portion of the appendix was swollen and of a dark, dull, red colour, and there was a marked constriction about an inch from its end. The meso-appendix was ligatured and the appendix removed, the stump being inverted in the centre of a purse-string suture. The abdominal wound was closed in three layers, the peritoneum and sheath of the rectus with formalin-iodine catgut, and the skin with silkworm gut. Slow continuous saline injections, per rectum, were given at once and continued for twenty-four hours. There was no return of the vomiting, and he was able to take the breast strongly the same night, the further course of the case was uneventful and he was discharged hospital with the wound perfectly healed on April 6th.

It is now eight months since the operation was done, and he has since been perfectly fit and the wound shows no signs of bulging.

On slitting up the appendix the mucous membrane of the distal portion was found to be congested and ecchymosed, and close to the constriction there was a small ulcer about an eighth of an inch in
diameter. These two conditions occurring together in so young a child must be extremely rare and therefore I think the case is worth recording. It is also interesting to consider whether the appendicitis was the cause of the intussusception; personally I think it was, although it is not mentioned in the text-books as a possible cause.

I have to thank Majors E. P. Hewitt and A. H. Waring, R.A.M.C., for their help and advice both before and during the operation.

A CASE OF INCOMPLETE MYELITIS FOLLOWING UPON AN APPARENTLY TRIVIAL INJURY.

By Captain W. R. Galwey.
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Lieutenant S., while training with his regiment on March 29th, 1910, fell upon a wire fence, slightly bruising and scraping his back in the mid-dorsal region, and on the right side. Beyond slight stiffness, he felt no inconvenience until April 3rd, when he began to feel seedy. On April 4th he proceeded with his regiment to the hills. On arrival in camp that evening he reported sick to me, complaining of fever, headache, and general malaise. His temperature was 100.4°F. I put him to bed and administered a purgative, which acted well. Next morning, April 5th, his temperature was 101°F. As I was marching with his regiment, I handed the case over to Captain C. W. Bowle, R.A.M.C. During the day the patient stated that his legs felt stiff, and he had sensations of pins and needles in them. On April 6th, he had loss of power in both legs, and fell when getting out of his bath. On April 7th he was totally unable to use his legs, and could not pass water. He was exceedingly constipated. He never vomited, nor were any sensory disturbances discovered at the time.

On April 9th the patient was transferred to the Station Hospital, Lahore Cantonments. On admission, he was found to be suffering from complete paralysis of both lower extremities, inability to pass water, and some loss of control of the anal sphincter. No sensory disturbances were found beyond slight pain on pressure in the right iliac fossa. His temperature and pulse were normal; his general condition excellent. During his stay in Lahore he had another slight rise of temperature.

On April 24th the patient was transferred to a hill station, Dalhousie, where he again came under my care. I made the following notes on his case:—

Previous Medical History.—He has always been healthy, and has indulged freely in field sports. He had a slight sore throat during the last week of March, but a swab, which I took after his arrival in Dalhousie, was negative for diphtheria bacilli. He has never suffered from venereal disease.