CASE I.—INTUSSUSCEPTION WITH SPONTANEOUS REDUCTION.

I was called to see child M. H., aged 2½ years, at 11 p.m. on January 1, 1924.

History.—The child had previously been quite well, but suffered from constipation. At 11 a.m. it was given a piece of cake to eat; vomiting set in about 12 noon. At 1 p.m. the child had a copious loose motion followed later by frequent passage of blood and mucus only. This condition continued nearly until 11 p.m., when the symptoms appeared to subside. The child was supported on its mother’s lap in a sitting posture when I saw it, and I have ascertained since that from the onset of the symptoms she had frequently to take the child up on account of pain in the abdomen.

Condition.—Sunken-eyed, pallid and cold. Pulse, barely perceptible, 130. Temperature, sub-normal. Evidence of vomiting and of the passage of blood-stained motions was present. The child vomited mucus once during my visit.

On examination the abdomen was flaccid, no pain or tenderness was elicited on palpation, but a definite typical sausage-shaped tumour, roughly three to four inches in length, was felt and defined in the region of the descending colon; so defined was it, that it was noticeable by the parents at my examination; it felt doughy in consistence and larger at the upper than at the lower end; no variation in its consistence was detected: signe de Dance was evident; nothing was detected in the heart, lungs or other organs. The child was put to bed and treated for shock pending removal for operation. On seeing the child again in about half an hour’s time, the general appearance had slightly improved, and the tumour appeared somewhat smaller, measuring about two to three inches in length.

By the time the child was admitted to hospital—a matter of one and a half hours—all symptoms had apparently disappeared, and the tumour could not be detected. The child was dieted for three days and discharged. Since then he has been perfectly well.

The house surgeon of the North Infirmary, Cork, informed me that two somewhat similar cases had recently been met with at the hospital.

Authorities, I think, doubt the possibility of spontaneous reduction, but I cannot imagine that the condition could have been anything else, as it bears no resemblance to the case reported by Dr. Sutherland, and quoted by Goodhart and Still, and to my mind, more classical symptoms could rarely have been observed.
CASE II.—APPENDICITIS WITH UNUSUAL SYMPTOMS.

Gunner R. reported sick on the evening of January 3, 1924, complaining of pain in the abdomen.

Previous History.—Had been in hospital for a few days with a cold. He stated that for a few days prior to reporting sick he had pain in the abdomen which was of a colicky nature. Bowels had acted regularly, no vomiting.

Examination.—Pain referred to outer edge of rectus about two inches above A.S.S., abdomen flaccid; on pressure pain was only felt at the one spot; no rigidity and no tenderness except at the indicated spot; tongue exceptionally clean and moist; temperature 99° F., pulse 72, full and bounding.

Fomentations appeared to give instant relief, and the patient passed a comfortable night.

Morning, January 14, 1924.—Temperature sub-normal, pulse 64; patient stated he felt quite fit. He was detained in hospital for the day and given an enema with good result; diet, diluted milk.

At 5 p.m. the same day I was called to see him. Temperature was sub-normal, pulse 60. He again complained of an acute pain in the same spot, describing it as of a stabbing character. The outer edge of rectus was slightly rigid; the tongue was flabby and indented. The change in the appearance was very noticeable.

Appendicitis was diagnosed and the patient was transferred to the North Infirmary, Cork.

I am indebted to Dr. Galvin, House Surgeon, North Infirmary, Cork, for the notes subsequent to admission.

January 4, 1924.—Admitted at 7.30 p.m. complaining of pain in right iliac fossa. On examination, tenderness and slight rigidity along right outer border of abdomen. Temperature sub-normal; pulse 60; respiration 22. Ordered morphia ½ grain and whey only by mouth.

January 5, 1924.—Patient spent a restless night, did not sleep and complained of acute pain. Operated on this morning; temperature 97.4° F.; pulse 70; respiration 24.

Operation.—Abdomen opened by gridiron incision. Appendix found to be inflamed and congested; large faecal concretion in lumen. This was removed.

Evening.—Patient complained of a little pain in region of wound. Morphia ½ grain given.

January 6, 1924.—Patient spent a comfortable night. Temperature sub-normal, pulse 64, respiration 28.

Convalescence was uneventful. Patient was re-transferred to Military Hospital, Spike Island, January 26, 1924.

January 28, 1924.—Patient discharged to attend awaiting furlough.

February 2, 1924.—At 3 a.m. he was brought to hospital on a stretcher
in a rigor and frothing at the mouth; temperature sub-normal; pulse 84; respiration 20. Examination of heart, lungs and abdomen was negative. The scar of operation was well healed and there was no tenderness. Warmth and a hot drink restored him to a normal condition in a couple of hours and he slept peacefully until 8 a.m. He was discharged in thirty-six hours but no clue as to the cause of the rigors could be discovered. He had no foreign service on his record.

The case is one which ended as mysteriously as it began. The absence of vomiting, slow pulse, subnormal temperature—except in the first evening—together with the slight rigidity and change in the character of the tongue, are unusual features in a case of appendicitis.

An explanation of the rigors would be interesting in the absence of any subsequent temperature.

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**Travel.**

**SINGAPORE.**

**By Mrs. E. HOPE FALKNER.**

**Sketches by Miss Hope Falkner.**

SINGAPORE is an extremely difficult place to describe in that it has many drawbacks; it is useless and misleading to omit these, and yet to convey appreciation in spite of them is no easy task. So much has been written about voyages that nothing further need be stated here except that all preparations for the time actually on board ship—twenty-seven to thirty days—should be as for India, only with a larger supply of thin clothing.

The whole of the journey from Port Said is usually very hot, and on a trooper there is seldom any kind of laundry.

**CLIMATE.**

Anyone who has been here a long time complains of loss of energy, and a great grouse against the place is the lack of a hill station. To those who like a somewhat moist heat and can keep fit, Singapore is quite pleasant, but it is not a good place for convalescence. There is frequent rain and the country is always green, fine grass lawns are everywhere, and much tropical vegetation.

Fruit and flowers are far more plentiful than, say, in Bermuda, and the climate on the whole is far less trying than the average plain station in India. Mosquitoes abound and bite furiously, but they are not the dangerous kind. Malaria is not very prevalent, but there is a good deal of dengue fever about.

The temperature remains much the same all the year round with rather heavy rains towards the end and bad electric storms in the early spring.