

CURIOUS SYMPTOMS PRODUCED BY THE ASCARIS LUMBRICOIDES.

COMBUSTIBLES PRODUCED BY THE ASCARIS DUMBRILLIQUES.

Mr. R. J. BRYDEN, M.R.C.S. Eng. (GraveSEND), writes: About three weeks ago I was called to a little girl, B. W., aged 4 years, suffering from violent pains in the stomach. I found her in bed, lying on her back, and with the legs drawn up. She seemed emaciated, the ribs being very prominent; the face was painful and rather anxious appearance, the eyes being somewhat sunken and surrounded with redness, and noted that she seemed to cough. She was a healthy baby born and had no named up to 2 months ago, when she began to waste, her appetite failed, and she was troubled with cough. There was no family history of phthisis. For the past week the little girl had been getting worse, being troubled with diarrhoea and sickness, the stools being of a watery nature, intermixed with blood, and attended with much straining, the vomit being bilious in character. During the previous night she had been screaming out off and on with the pain in her stomach, referred more especially to the navel. The tongue was very furred and somewhat dry; the breath was offensive; the tonsils were a little swollen and injected. The heart and lungs, with the exception of a few rales over the bases, and exaggerated breathing, were normal. The abdomen was somewhat distended, the umbilicus being bulging, but there were no prominent veins to be seen on the surface. On palpation there was much general tenderness, especially in the left inguinal region, but there was no particular hardness to be made out. Percussion note was somewhat tympanitic, except in the left inguinal region for a space corresponding to the palm of the hand, where there was some ill-defined but distinct dullness. The temperature was 103°. The pulse was small and rapid. After my examination I came to the conclusion that the patient was suffering probably from some local peritonitis, due perhaps to some tubercular mischief. I ordered the mother to give the child nothing but diluted milk and lime-water, with a little brandy and water occasionally. I also prescribed a hot linseed-meal poultice to be applied over the left loin every four hours, and a dose of a bismuth mixture to be given every two hours. The next day the child was much better and had passed a good night, and when I saw her she was playing with a toy. The day afterwards she seemed still better, and looked quite bright, but I was told by the mother that in the night the child was suddenly attacked again by a severe pain, when she screamed for nearly an hour. She then, after a good deal of straining, passed *per anum* a huge worm. Since then she had appeared very comfortable, and had complained of nothing. The worm was a typical specimen of the *ascaris lumbricoides*, measured 16 inches. The child's temperature was then 99°. The tongue was cleaning, and she complained of feeling hungry. The abdomen was free from tenderness, and the dullness over the left loin had quite cleared up. Ever since the child has taken its food well, plays about, and is getting quite strong again. The mother stated that the child had never passed worms previously.

conclusions. At the passage of the worm I was very much surprised. As I was about to publish the case as showing how some symptoms are so misguiding. The case certainly simulated focal peritonitis, caused perhaps by some tuberculous deposit, but the sudden clearing up of all the abdominal symptoms after the passage of the worm showed happily that I was wrong in my diagnosis. I came to the conclusion that the dulness in the inguinal region was due to the coiling up of the large worm in the sigmoid flexure of the colon, giving rise to distension of the bowel, accompanied by colicky pains, the high temperature being due to inflammation and some ulceration of the mucous membrane caused by irritation.

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