Clinical and other Notes

He had excellent power and movement when he left the hospital, and all the muscles of the limb were in good condition. At the expiration of his furlough he returned to duty, which he has performed continuously ever since.

I confess that at the time I had grave doubts about the advisability of putting in a screw, seeing that the joint had been so exposed to sepsis, the first dressing, before he was seen by a medical officer, having been a pocket handkerchief, but in no other way could I fix the condyle in position.

ON THE ADVISABILITY OF THE OBSERVANCE OF STRICT ASEPTIC PRECAUTIONS IN DEALING WITH ABScesses.

By Major F. J. W. PORTER, D.S.O.
Royal Army Medical Corps.

There is, or at any rate used to be, a common idea that the observance of strict aseptic precautions in dealing with septic cases, or with collections of pus, is quite unnecessary. One has often heard it said, "Oh! the case is septic, a few more germs more or less will not make any difference!" Also one sometimes sees buboes opened without any previous attempt to render the skin of the part sterile, and dressings applied which are certainly not free from germs.

In the case of an abscess, the presence of the pus is an indication that the germs have temporarily obtained the upper hand, but as they have been subjected to the resistance which the natural fluids of the body provide, their vitality and virulence have been to a great extent diminished. This is well shown by the fact that it is possible to obtain healing practically by first intention in some abscesses which have been aseptically opened, wiped dry, and their walls brought into apposition by carefully applied pressure, or by deep sutures.

In a certain number of appendix abscesses, one has been surprised by the prompt healing of the wound, although it was, at the time of operation, apparently hopelessly fouled by stinking pus. Wounds, again, which have been soiled by pus in the removal of broken-down tuberculous glands, almost invariably heal by first intention, if one's aseptic precautions have been satisfactory.

When micro-organisms are admitted into a freshly made wound, suppuration usually results. When they are accidentally introduced into an already existing suppurating wound by means of unsterilised instruments or dressings, the partially devitalised organisms are reinforced by fresh and vigorous ones, and the consequence is that a wound which might otherwise have healed rapidly takes a much longer time to get well.

In abscesses which have a definite wall, it is common to find that the discharge after the first twenty-four hours is entirely serous. It is a
good plan in many cases to firmly pack the cavity for twenty-four hours
with gauze, and to put in sutures which can be tied after the gauze has
been removed, and a drainage tube inserted.

It is not advisable to try to forcibly remove the wall of an abscess by
curettage, for it consists of a line of defending cells, and its removal often
leads to a spread of the infectious process.

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A CASE OF MECKEL'S DIVERTICULUM DISCOVERED DURING
THE OPERATION OF APPENDECTOMY.

By MAJOR F. J. W. PORTER, D.S.O.
Royal Army Medical Corps.

The rarity of this condition must be my excuse for reporting it. Private S., aged 19, was admitted for chronic appendicitis. There was
a history of four previous attacks extending over ten months.

The operation was performed under ether by Captain E. S. Worthing-ton, through a small incision one finger's breadth inside the anterior
superior spine. The appendix could not be felt or the cecum seen. Coils of small intestine persisted in appearing at the incision. In pulling
one of these forward a tube of intestine about 4 inches long came out.
The tip was very cicatricial, and looked as though it had been adherent
to some viscus at one time. The calibre, for about 2½ inches, was fully
as large as the intestine to which it was attached, and then it tapered
gradually.

The appendix was subsequently felt floating free near the umbilicus,
wrapped in omentum, and on drawing it out, a very diminutive cecum
appeared. It was funnel-shaped, and the appendix was a continuation of
the funnel. The walls were extremely thick and fibrous, and the lumen
throughout was very large. It contained several concretions, and some
ulceration of the mucous membrane existed. After removal of the appendix,
the diverticulum was clamped by Corner's clamp, tied with thread and
cut away. The stump was then invaginated by means of a purse string
suture.

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WASHING-UP ARRANGEMENTS IN BARRACK-ROOMS.

By CAPTAIN E. A. BOURKE.
Royal Army Medical Corps.

In his "Special Report on Enteric Fever and its Prophylaxis at
Umballa, 1905," Lieutenant-Colonel T. P. Woodhouse alludes to better
arrangements for the washing-up of food utensils, and in the Journal for
May, 1908, Major W. D. Erskine describes in an interesting article the
arrangement he has carried out. As regards South Africa, most authorities