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. Worthington, 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
are agreed that the origin of many epidemics of enteric fever is a contaminated water supply, with subsequent dissemination by flies, dust, &c. Careful attention is paid to the boiling and storage of all drinking water used in barracks, and yet enteric cases occur.

When going round barracks it has often struck me how very little attention is paid to the washing-up of dishes, &c.; boiled water obtained from cook-house is supposed to be used, yet in actual practice water from the nearest tap is frequently employed instead. The meat dishes and plates are washed in buckets and generally placed on the ground previous to removal to the barrack-rooms, and when served out again for the next meal it frequently happens that the plates are more or less wet. When one considers that the water supply of this garrison (Bloem-
fontein) frequently shows on analysis *Bacillus coli*, it follows that some cases of enteric may be due to the defective arrangements provided for washing-up in regimental cook-houses.

I venture to bring forward the following arrangement which in practice has been found to work extremely well among the Hampshire Regiment at Naval Hill. The expense is very little, and I consider it might be adopted in many stations with benefit.

In this cantonment, as well as in others in South Africa, all drinking water is boiled previous to use, the method adopted being briefly as follows: Attached to each regimental cook-house is a large galvanised tank enclosed in brickwork, with fire-place beneath; piped water is laid on, and two to three hours is sufficient to raise the temperature of the water to 95° C. (at this altitude 6,000 feet). After boiling the water is run off by pipe into a series of cisterns where it is allowed to cool before issue to barrack-rooms. As an ample supply of sterile water is available, I recommended the following arrangement, which the Divisional Officer, Royal Engineers, kindly carried out as an experiment:

On a cement platform outside each cook-house a porcelain sink was erected and a piped supply of water from the steriliser laid on; on one side of the sink a large plate rack was erected, where plates are placed when washed, and allowed to drain before being brought back to barrack-rooms; consequently, drying cloths, with their liability to contamination, are unnecessary. The sink should, if possible, be 4 feet 6 inches in length, so that two men may wash up at the same time; a small surface drain takes the waste water to a sump pit, so that the ground does not become contaminated. The photograph shows the advantage of this plan. One sink with plate rack is sufficient for each half-battalion cook-house, and one for the serjeants' mess.

We have had no cases of enteric fever at Naval Hill for the past eighteen months, though all other units in Bloemfontein living under similar conditions have furnished cases. When one considers how under ordinary circumstances the washing-up arrangements are carried out, the above suggestion will commend itself. Its advantages are as follows:

1. Only sterile water is used, as no cold water tap is laid on.
2. A porcelain sink is provided for washing-up, instead of buckets or other receptacles, which are difficult to keep clean.
3. Drying cloths, with their liability to contamination, are unnecessary.
4. Breakages are reduced to a minimum.
5. The washing arrangements are more easily carried out.

As an improvement to the plate rack shown in the photograph, larger compartments should be provided to hold mugs.

Surgeon-General W. Donovan, C.B., late Principal Medical Officer, South Africa, on the occasion of his annual inspection of Naval Hill,
April, 1908, reported as follows: "An improved system for washing-up plates, &c., has been adopted. It answers the purpose admirably, and its extension to other parts of the cantonments is advocated."

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A METHOD OF MOVING HELPLESS PATIENTS.

By Lieut.-Colonel R. KIRKPATRICK, C.M.G.
Royal Army Medical Corps.

I have often observed in the operating theatre a great want of method shown even by well-trained attendants when moving a helpless patient from a stretcher to the operating table and vice versa. The removal of a patient in a condition of semi-narcosis plus shock after a severe operation from the operating table to the stretcher is frequently more like an obstacle race than an ordered medical procedure. At the moment of removal the operating surgeon and his assistants may be chatting in a far corner, while two or three subordinates, without any arranged drill, are engaged in a violent struggle to remove the patient off the table on to the stretcher. If we follow the patient to the ward, possibly a second similar hurly-burly takes place in putting the patient into his bed.

I hoped to see some simple drill inserted in the new "Royal Army Medical Corps Manual," but as this has not appeared I make the following suggestion. It is a drill which I have long found very simple and good. Two bearers and three nurses are required (see figs. 1, 2, and 3).