part is represented by two bicycle wheels (which must be taken off the bicycle). Four pieces of wood of about 40 in. in length are fixed by their middle to a piece of iron rod which forms the axle of the wheel. If an iron rod is not to hand then band iron folded several times upon itself may be used. Each wheel being thus enclosed between two pieces of wood, these are fastened by traverses to keep the pieces of wood apart and to carry the stretchers. This assemblage forms a sort of chassis and all that remains to be done is to fix on two pieces of wood about 7 ft. long which will serve as poles, on which a cording is woven, which in its turn is covered with straw. The traction pole is fastened to the middle of the under side of the front traverse and nailed to the hinder one, and consists of a plank of a length to be determined by the nature of the case, so as to adapt the slope of the stretcher to the height of the machine employed to draw it.

If nails are used for fastening the parts they should be long enough to clinch, and string used for tying should be wetted. A hooped stick to carry a sheet to shelter the patient is described and pictured. The contrivance, if well made, would no doubt be useful, but it would require good work to make it safe and easy. It implies the dismantling of a bicycle and damage to its bearings. The following would be necessary: Six pieces of wood 40 in. by 2\(\frac{1}{2}\) by 2\(\frac{1}{4}\) in. (for chassis); one piece 8 ft. by 6 in. by 2\(\frac{1}{4}\) in. for traction and guide; two poles 7 ft. by 2\(\frac{1}{2}\) to 2 in.; two pieces of \(\frac{1}{2}\)-in. iron rod 10 in. long, or two pieces of \(\frac{3}{4}\)-in. band iron 40 in. long; two iron staples \(\frac{1}{4}\)-in. aperture, \(\frac{1}{2}\) in. thick; two bicycle wheels; thirty yards of small cord; twenty 3-in. wire nails.

REPORT ON A CASE OF OPERATION FOR APPENDICITIS WHICH EXHIBITED UNUSUAL FEATURES.

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PRIVATE A. was admitted to the Station Hospital at Secunderabad, on June 17, suffering from chronic appendicitis. The symptoms were very mild, but the history quite definite. Under spinal analgesia (novocain) I removed his appendix on June 19, at 8.30 a.m.

The condition found was as follows: Congested omentum appeared in wound; the caecum was infantile and very difficult to deliver. The appendix was very long and very much inflamed. There was a double twist in the longitudinal, and an acute kink in the transverse axis. The mucous membrane was intensely ulcerated. He had a good deal of headache after the operation and frequent vomiting, but his pulse was good and his temperature only 98.6 in the evening. He was restless during the early part of the night, but after 3 minims of inj. morph. hypod. at 12.30 a.m. he slept till 5 a.m.

He awoke cold and clammy, pulse 126, temperature 99°, and complaining of a feeling of acute distension in the epigastrium and much
præcordial pain. The lower part of his abdomen was quite normal. He had liq. strychn. at 6.45, followed by atrop. sulph. gr. 1/80. This was repeated two hours later. At 9.30 he had 18 oz. of saline subcutaneously, and 16 oz. at 2 p.m. All this time—vomiting of blood-stained fluid was rather copious—and no improvement in his pulse could be made out. His condition was distinctly critical.

At 2.30 p.m. I gave him an ampoule of pituitary extract (20 per cent.) hypodermically; improvement in his pulse and general condition was soon evident. By 7 p.m. he appeared to be out of danger.

His symptoms were recognized as those of acute post-operative dilatation of the stomach, and were similar to, though less acute than a case I had at Colchester some years ago, after an appendix operation. The distension of the stomach was not sufficiently severe in this case to call for the use of the stomach-tube as in the previous one.

The operation wound healed by first intention and he was allowed up on June 26. He looked, however, like a man who had been through a very serious illness.

He remained well until July 4, when he complained of some tenderness in the right iliac regions. There was nothing abnormal to be felt. On the evening of the 5th his temperature was 100°. Next evening his temperature was 101°, and there was a large round swelling, very tender on pressure, beneath the lower part of the right rectus.

He was thought to have either an accumulation of faeces in his colon, or possibly an abscess round the invaginated stump of the appendix. A large enema was given and e1. ricini 51. This had a good result.

On the evening of the 8th, the swelling had increased to such an extent that I decided to explore it next morning. It diminished, however, so greatly during the night, that I decided it must be due to faecal accumulation and thickening of the wall of the cæcum.

An enema twice daily was given until July 20, when all swelling had disappeared and the temperature was normal. His further recovery was uneventful.