I then asked the patient if he had been in the habit of eating fruit and he stated that he had been accustomed to buy oranges and bananas from a fruit hawker, and on asking if he had eaten any other fruit he stated that thirty-six hours before coming into hospital he had bought some dates from this man and had eaten them, but he did not remember having swallowed a stone.

This case appears interesting for more than one reason. First it was very lucky that the diagnosis of appendicitis was made before the bacteriological report of dysentery was returned, as otherwise the acute condition might have been missed until perforation had occurred, as I have on several occasions seen cases of amoebic dysentery simulating acute appendicitis, and on one occasion it so simulated it that after consulting with three others, I operated and found a normal appendix and next day amebae were found in the stools.

Secondly one has continually heard it stated, and it is a very general idea in the lay mind, that appendicitis is caused by impaction of a pip or stone, but I have never actually seen it before.

Thirdly, that the eating of dates, which of all fruits in the East are most liable to infection, should have caused both the dysentery and the appendicitis.

In conclusion my thanks are due to Colonel Jack Powell, D.S.O., commanding the British Station Hospital, Secunderabad, for permission to publish this case, and to Captain T. O. Thompson, R.A.M.C., for the bacteriological examination.

A TRIP BY AIR FOR A SURGICAL EMERGENCY.

By Captain D. McKelvey, M.C., M.D.

Royal Army Medical Corps.

On September 16, 1922, about 19.00 hours, I received instructions from General Headquarters, B.T.E., that I was to proceed the following morning at daybreak to Sollum, for the purpose of seeing a case of acute appendicitis. I was further instructed to take with me one nursing orderly and the necessary equipment for operating at Sollum, should this be found necessary.

Transport had been arranged by air from Helouan, and I was to report to the aerodrome there that evening.

The necessary dressings, towels, etc., were hurriedly selected, packed into two drums and sterilized. The instruments, ligatures, drainage tubes and anaesthetic apparatus were packed in an attaché case.

We eventually left Cairo at 22.30 hours, and reached Helouan aerodrome about an hour later. We were accommodated for the night at the aerodrome, and all arrangements were made for an early start the following morning in two D.H.9.a machines. The journey was to be made via Aboukir—an Air Force Depot outside Alexandria—for the purpose of collecting a special form of stretcher on which the patient could be brought back by air to Alexandria, if it were considered advisable.

The morning of the 17th turned out to be foggy and by no means an ideal morning for flying. After some minor troubles we left the ground at 07.25 hours. The distance from Helouan to Aboukir is somewhere about one hundred miles.
Clinical and other Notes

Owing, however, to the condition of the weather, we drifted slightly off our course, and did not reach Aboukir till 09.15 hours, which was considerably more than the average time for this journey. On arrival at Aboukir we were disappointed to find that owing to some misunderstanding the stretcher we were to collect was not there, and that one would have to be made. An improvised stretcher, which consisted of a canvas jacket supported by a framework of Goode splinting with the necessary straps for fixing it along the fuselage of the machine, was made within an hour and a half. We were again ready to start at 11.30 hours. Unfortunately the fates were still against us, as one of our machines could not be got to work, and eventually most of the sparking plugs had to be taken out and cleaned. We actually left at 13.00 hours. The weather had now completely changed for the better, and everything seemed to be in our favour.

The journey to Sollum was very pleasant, but apparently the R.A.M.C. orderly found it somewhat monotonous, as the pilot with whom he was travelling on looking back to see how he was getting on found him fast asleep.

We followed the Mediterranean coast westwards for a distance of 350 miles, with nothing to break the monotony of desert on one side and sea on the other, except a few Arab encampments, which appeared below us as tiny specks on the sand. We reached Sollum at 16.20 hours, having done this part of the journey in record time. I subsequently learnt that the generator of the machine on which I was had burned out one hundred miles from Sollum, and that we had travelled the remaining distance on accumulators. The pilot, however, fearing to alarm me, told me nothing about this until we had safely landed.

Sollum is an outpost in the western desert bordering on Tripoli. The only British troops there are a section of the Armoured Cars, which occupy an old Turkish fort on the top of the cliffs. From here desert patrols sally forth now and then to quell disturbances in the neighbourhood. On the plains below the fort is a small native village and the headquarters of the Frontier Districts Administration of the Western Desert. Provisions, drinking water and mails for the garrison are sent by sea from Alexandria once a fortnight. Other communication with civilization is by means of telegraph and wireless.

On arrival at Sollum I proceeded into the fort to see the patient, and found that he was suffering from acute appendicitis and general peritonitis. I decided that immediate operation was imperative, and at once set about to look for a suitable place in which to operate. I eventually found a disused shoemakers' shop in the fort, which I had washed out with cresol and rendered as clean as possible.

Fortunately an electric light generator had recently been installed in the fort, and it only remained to run a cable into the improvised operating theatre and fix the necessary bulb. Fortunately there was a good reserve supply of fresh water at hand.

At 18.45 hours, that is to say, just over two hours after arrival, the operation commenced—350 miles from civilization and under conditions which would compare very favourably with anything of a similar nature improvised in a country house at home.

Chloroform was administered by an Egyptian Medical Officer, who was stationed at Sollum, and I was assisted by the orderly whom I had brought with me from Cairo.
The abdomen was opened and found to contain foul-smelling pus. The appendix was gangrenous, and general peritonitis was present. The lower end of the cæcum showed a sloughing area about the size of a sixpence just external to the origin of the appendix. The pelvis also contained a quantity of pus. The appendix was removed in the usual way, and the sloughing area invaginated by a double layer of sutures. Great difficulty was experienced during the latter part of the operation owing to the friable condition of the cæcum, and matters were further complicated by the light failing twice whilst the cæcum was being sutured. Drainage was provided for by a suprapubic tube and by a tube through the original incision, after the pus had been gently mopped out of the abdominal cavity and pelvis. The patient stood the operation well. On recovery from the anaesthetic he was placed in the Fowler position, and put on rectal salines four-hourly. On the morning of the 19th his condition was still critical, but as satisfactory as could be expected. The rectal salines were continued. On the 20th his condition was considerably improved. The tubes were draining well, and there was little or no distension. The pulse was good and there was no vomiting. A week’s supply of sterile dressing was left with the Egyptian Medical Officer, and we left for Aboukir at 09.25 hours.

The return journey to Aboubir was uneventful, and we arrived at 11.45 hours. We had lunch at Abūkir, whilst some minor repairs were being carried out, and we left for Helouan at 15.10 hours, reaching there at 16.25 hours.

Subsequent reports from Sollum on the patient’s condition stated that he continued to improve steadily. On the morning of the 22nd his condition was considerably improved. The tubes were draining well, and there was little or no distension. The pulse was good and there was no vomiting. A week’s supply of sterile dressing was left with the Egyptian Medical Officer, and we left for Aboukir at 09.25 hours.

No post-mortem examination was held, but it would appear that death was due to pulmonary embolism.

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The Expedition to the Schelde, Walcheren, 1809.

Amongst some old papers in the War Office have been found a few personal notes on the Walcheren Expedition by Sir James McGrigor; the notes are in his own handwriting and relate to the conditions he found when he arrived in Walcheren in relief of Mr. Webb, who was ill with fever.

The English Government thought by striking a blow in the Schelde to frustrate Napoleon’s hopes of maritime rivalry at the outset and further to detain in Holland a portion of the forces the Emperor was at that time setting in motion against Austria.

To effect these objects an expedition was sent to the Schelde, and on July 16, 1809, Lieutenant-General the Earl of Chatham, K.G., was