Clinical and other Notes

This fatty apron could be flapped up towards the chest, and buried deeply in the folds of fat and behind it was the penis, retracted and hidden.

The photograph gives a somewhat false topographical idea on account of the umbilicus being at least 4 inches above the depression depicted. The umbilicus, of course, should be, and was, about on a level with the highest points of the iliac crests, or, with the arms hanging down by the side, on a level with the bend of the elbow.

His limbs had a fair covering of fat, and the breasts were very pendulous, but there was not much fat about the head and neck.

The history given was that several years ago he contracted syphilis, and he journeyed from Berber to Khartoum for treatment, where a native doctor gave him sarsaparilla for twenty-one days, and after his return to Berber his appetite became so great that he could eat at breakfast a quarter of a sheep. This statement he stuck to when the truth of it was challenged, and I think that his state was really due to an over-indulgence in animal food and sedentary habits. The fatty deposit in the abdominal parietes became pendulous and apron-like, because there was no support such as cloth trousers give to the Western race; calico garments, loose as they are, afford no support.

I amputated the flap with eight pounds of fat under chloroform by means of two transverse incisions extending across the abdomen. The result was successful; the physical obstruction caused by the flap being removed, and hospital regime having reduced the old man generally in weight, he left the hospital very pleased with the result.

This occurred in May, 1905.

A CASE OF RADICAL CURE OPERATION FOR HERNIA IN A CHILD.

BY CAPTAIN R. H. FUHR, D.S.O.
Royal Army Medical Corps.

CHILD F. L., 2nd Gordon Highlanders, aged 2½ years, was admitted to the Station Family Hospital, Cliffden, Murree Hills, on May 25th, 1904, suffering from a direct inguinal hernia on the right side. This had occurred two years previously and was increasing, being at the time of examination about the size of a large walnut. The child had also a long and constricted prepuce. Circumcision and radical cure were performed under the one administration of chloroform.

The external abdominal ring was exposed at the junction of the lower and middle thirds of the wound, the sac freed, and the intestine returned. The thin transparent sac was pulled down slightly, two circular twists given to the neck, and folded as in MacEwen's operation. A slightly curved needle, threaded with silk-worm gut, was pushed through the sac...
folds, and carefully passed along the little finger up the canal to the internal abdominal opening, where it was made to pierce the tissues on the outer side through to the skin, and brought out through the skin and unthreaded. The wound end of this suture was now threaded and brought out in a similar manner through the inner side and skin. The ends were gently pulled upon, causing the mass of sac tissue to fit like a pad on the internal opening, and tied.

The wound was closed in the ordinary way, no interference by sutures with the internal opening being made. The dressings were removed on the tenth day, union was excellent, and the stitches were removed, including the long pad suture. A pad and bandage were worn for a couple of months, when the child was quite cured.

This case has been seen a year after the operation, and recovery has been absolutely perfect.

**COMMENTS.**

(1) I can find no description of such a suture in any text-book, but am informed that Dr. Neave, of Kashmir, has used it.

(2) No buried sutures are left, which is a distinct advantage.

(3) The canal is not interfered with, so that there can be no neuralgia of the cord.

(4) The operation is easily done, devoid of risk, and apparently suitable for a young child, and sufficient to cure.

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**A CASE OF SALPINGITIS OF LEFT TUBE; VENTRAL COELIOTOMY, INCISION, DRAINAGE, AND RECOVERY.**

By Captain R. H. Fuhr, D.S.O.

Royal Army Medical Corps.

Mrs. D., Queen's Regiment, a primipara, was confined on July 4th, 1904, in the Station Family Hospital, Clifden, Murree Hills.

Her confinement, at which I was not present, is reported to have been prolonged, with prolapse of vaginal wall during the second stage of labour. Placenta healthy and delivered entire. Child—a large, well-developed female.

On July 9th, slight pyrexia and quickening of the pulse rate occurred. The lochia, however, were normal. On July 11th, the microscopical report of Major B. H. Scott, R.A.M.C., on two blood films, was a marked leucocytosis, with large increase of polymorphonuclears. The uterine discharges became scanty and slightly offensive, and an examination by Major Scott revealed the presence of staphylococci and streptococci. Anti-streptococcal serum was injected on two occasions, and repeated intra-uterine douches given.

On July 24th, no improvement having taken place, and bimanual