patient complained of tenderness. Between the date of his admission into hospital and the date of his operation, his temperature rose to 100° F. only on one occasion, but as a rule it varied between 99° F and normal. Colonel Rainsford, C.I.E., Principal Medical Officer, and Dr. Trott, F.R.C.S., very kindly saw the case in consultation with me, and both agreed with me that the pain was in all probability due to some abnormal condition of the vermiform appendix, and that it was advisable to make an exploratory incision, especially as the man himself was very anxious to undergo an operation, and had been troubled and worried by this condition for so long (over eighteen months). On examining per rectum, I distinctly felt the enlarged appendix, which was tender to pressure made on it with the finger. The case was operated on and the vermiform appendix removed. The wound healed by first intention, and the patient made a rapid and uninterrupted recovery, steadily improving in general health and appearance. The condition of the appendix, as seen after removal, amply justified the operation. It was about 4 inches long and felt very hard. About ¾ inch from its attachment to the cecum there was a constriction, and the mucous membrane lining the whole of its interior was much thickened, oedematous and red. From the constriction to the distal end the appendix was filled with yellowish-brown fecal matter of the consistence of thick paste.

My thanks are due to Lieutenant-Colonel G. E. Weston, R.A.M.C., for his kindness in allowing me to publish this case, and also to Colonel W. J. Rainsford, C.I.E., for his kind assistance at the operations.

THE TREATMENT OF SCABIES BY BALSAM OF PERU.

By Lieutenant-Colonel W. J. Baker.

Royal Army Medical Corps.

Having read the articles by Lieutenant-Colonel S. C. B. Robinson and Major F. J. W. Porter, D.S.O., in the January and February numbers of the Corps Journal for 1907, on the above mode of treating scabies, I determined to give the method a trial in the Military Hospital, Arbor Hill, where all cases of the disease occurring in the Dublin garrison are sent for admission, and the results of which may be found of interest. Up to the present time sixty cases have been treated on the lines recommended, and in none of these has there been any relapse.

As a precautionary measure the urine is examined before, and at intervals after, the application, but in no case has any albuminuria resulted. I do not think this complication is likely to arise unless the case is a very aggravated one, with a large absorbing surface, due to the irritation caused by the acari, and the subsequent effects of scratching. In such a case the remedy should be applied with discretion.

The preliminary essential is undoubtedly the hot bath, efficiently
carried out. The skin is then well dried, and the balsam applied as directed. Major Porter recommends the addition of glycerine to the balsam in the proportion of 1 to 3. I, however, prefer the balsam alone, as it appears to me to dry on better than when mixed with the glycerine.

I am quite convinced that this is the best and most efficacious remedy we have at present. That the acari are at once killed is shown by the immediate cessation of the itching, and the fact that there has been no relapse, though the patients have been kept under observation for lengthy periods, seems to prove that the ova are destroyed at the same time as the acari.

Major Porter in a subsequent clinical note which appeared in the *British Medical Journal*, considers that the long period during which baths were at first forbidden is unnecessary, and that a bath may be allowed twenty-four hours after the application of the balsam. I concur in this, as given that the preliminary bathing and subsequent application of the balsam are efficiently carried out, the disease is cured then and there, and in only a very small proportion of cases will a second (localized) application be necessary.

The majority of cases might, I think, safely be discharged from hospital as soon as their clothes have been disinfected, but a few days further detention is usually advisable to allow the skin to recover from the irritation caused by the parasite. The rapidity and completeness of the cure is demonstrated by the fact that in some half a dozen cases where scabies developed in hospital subsequent to admission for other complaints the disease was treated as above in the scabies division, the men being then given clean clothes and returned to their wards within twenty-four hours, and in no case was there any relapse. The only drawback to the remedy is its cost, viz., about 2s. for an application of from 3 to 4 ounces of the balsam. This, however, is counterbalanced by the short time during which patients need be detained under treatment, and by the saving in fuel in preparing the numerous hot baths necessary in the sulphur ointment mode of treatment in hospitals where hot water is not laid on to the scabies bath-room.

I may add that I have also found the balsam very efficacious in the treatment of ringworm.

---

**DANGER OF THE STARCH AND OPIUM ENEMA TREATMENT OF INTESTINAL HEMORRHAGE.**

**By Lieutenant C. Ryley.**

**Royal Army Medical Corps.**

With regard to the treatment of hemorrhage from the bowel of starch and opium enemata, which in many hospitals seems almost routine, I have on several occasions, seen the administration followed shortly by severe tympanites; in one case leading to reflex cardiac embarrass-