had become evident, and that it rapidly improved after a large quantity of saline solution had been injected, seems to support this view.

I have no doubt that this man was saved by the free injection of saline solution, acting by washing the toxins out of his body through the kidneys. The amount which could be given, and the ease with which it could be got into the body by means of improvised apparatus, was a source of astonishment. It was all given into the two axillae alternately, and no tenderness remained a day or two after the last injection. The addition of brandy did not make it at all irritating.

A CASE OF APPENDICITIS WITH SUPPURATIVE PERITONITIS; OPERATION AND RECOVERY.

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CORPORAL F., R.G.A., was sent to the Military Hospital, Portsmouth, as a direct admission from Gosport, suffering from the above condition.

History of Present Illness.—Four days before admission patient felt sick, but did not actually vomit until after eating his breakfast. There was at this time no pain. The vomiting continued without pain during the next two days, and he was constipated during the same period. On the day of admission he was wakened up by very severe pain over the right iliac region, and the vomiting continued. He reported sick, and arrangements were at once made for sending him over to this hospital for operation.

On Admission.—Patient complained of great pain and tenderness over abdomen, especially in the right iliac region, and frequent vomiting—not feeculent. The percussion note was tympanitic over the whole of the front of the abdomen, but more so on the right side, and especially so over the right iliac region. There was some dulness in both flanks; liver dulness lost, tongue rather dry and furred, absolute constipation, dorsal decubitus; temperature 101·5° F., pulse 110, respirations 42. There was a systolic and also a presystolic murmur in the mitral area, which, apparently, was pre-existing, as there was a history of invaliding from abroad for "V.D.H."

Immediate operation was decided upon. Under A.O.E., exhibited on a Silk's inhaler, and administered by Lieutenant J. A. Bennett, R.A.M.C., and assisted by Major R. J. Copeland, R.A.M.C., I made an incision about 4 inches long, the centre being over McBurney's spot; the muscle fibres were divided, all bleeding stopped, and then the peritoneum picked up and opened. The intestine was very much distended and intensely inflamed. Some coils of small intestine presented in the wound; no adhesions found. The intestine in the region of the wound was found to be bathed in pus; this was wiped off and the small intestine packed away...
with gauze pads. The appendix was next looked for and found without difficulty. It was much swollen, about 5½ inches long; a foreign body could be felt the whole way down it, and from the "crackling" feel it appeared to be distended with gas. No perforation could be made out, neither was the pus around it offensive. The appendix was removed, the stump ligatured and then invaginated, the peritoneal coat being carefully sutured over the stump with fine silk. The pelvis and right flank were next examined, and a large collection of pus was found in each situation. This was carefully cleaned away with gauze mops and strips, and the intestine carefully cleansed, till no more pus could be found in this situation. The rest of the abdomen was next examined, the incision being extended upwards. The pus was found not to have reached as high as the liver and only just past the middle line towards the left. All the remaining pus was carefully wiped away and any contaminated intestine cleansed. A large Keith’s drainage tube and gauze wicks were then passed down into the pelvis, and the rest of the wound sutured in three layers. The patient bore the anaesthetic and operation very well.

The following day the patient felt very much better, temperature, a.m., 99° F., p.m., 100·6° F., pulse 90 and 92, and respirations 28 to 24. The gauze wicks passed through the tubes were withdrawn and fresh ones repeatedly passed down till no more discharge came away, and patient had a glycerine enema which acted satisfactorily. The next day the condition steadily improved. Some of the discharge taken from a gauze wick was stained and examined, and a large number of polymorphonuclear cells were found with a vast number of Bacillus coli communis. It is interesting to note that two days later and subsequently no B. coli communis could be found. From this time patient made an uninterrupted recovery. He was kept raised up as much as possible in bed. The glass tube was changed for a rubber one on the fifth day, and this replaced five days later by gauze wicks only. The wound, except a small sinus, had closed up by the sixteenth day, and this was quite closed by the twenty-fifth day. He was kept without anything by the mouth for the first twenty-four hours, the mouth being rinsed out with hot water at intervals. From the second day nourishment in the form of milk, bovril, &c., was given in increasing quantities.

The case is interesting from several points of view: (a) The appendix, which contained a faecal concretion, extending the whole way from tip to base like a long greenish-black worm. (b) The absence of a foul smell from the pus, which, as shown two days later, was loaded with B. coli communis. (c) The rapidity with which B. coli communis disappeared. (d) The absence of perforation of the appendix with the presence of such a large quantity of pus.