who has at least reached the status of a graduate. In the secondary school, then, the accomplished general practitioner might find a proper place.

The hospital would furnish a certain number of graduates with opportunities for observation and research, and also afford facilities for practical work and technical development of the highest class. The graduates would take the place of the junior officers in a hospital attached to a primary medical school, acting as assistants to the professors. These advantages, however, could be enjoyed by only a limited number, and the occupants would need to be selected with care and due consideration of the aims they had in view.

The further field of action is identical in intention with the efforts that are at present being made for the co-ordination of existing sources of instruction, and making them available for the practitioner who desires to go through a limited course for purely utilitarian purposes. It is obvious that if the scheme of a central secondary school should find favour, that the associations who have the work of co-ordination in hand are the proper agency through which the entire scheme could be completed.

This being the case, the school would be the centre to which all graduates of either class would gravitate, and from it the men would be allocated in whatever special

direction and to whatever special teacher they might desire. Thus the whole wealth of material possessed by the hospitals, infirmaries, laboratories, and museums of the metropolis would acquire a bond of union, and a vast amount of opportunity now so cursorily utilized might be opened up to any graduate student. The graduate provided with such a central institution would no longer be a wanderer tilling a solitary furrow, for his school would not only provide a vast field of action, but would also bring him into contact with workers from every school and land—an association which could hardly fail to widen his horizon and extend his experience, not only of methods, but of men.

The advantages to be gained, moreover, would not be confined to the student alone; the teacher also would benefit in no small degree from contact with the different class of pupil, to whom his duty would consist in stimulating the acquisition of knowledge of the highest grade and arousing the faculty of research. Again, the existence of a school of medicine with this scope and these ends in view could not fail to react inspiringly upon the primary medical schools around it. It would tend still further to the elimination of dogma and empiricism from the practice of medicine, and to heighten the standard of education throughout.

A GIANT MUCOCELE OF THE APPENDIX.

BY

W. GIFFORD NASH, F.R.C.S.

THE following case is reported because examples of such great distension of the appendix appear to be very rare. Kelly, in his work on the vermiform appendix, fol. 288, gives an illustration of this condition. He mentions a case related by Sonnenberg in which the appendix was 14 cm. in length and 21 cm. in circumference. In my case at the time of removal the length was 17.7 cm. and circumference 19 cm. Virchow described a case in which the appendix was as large as a man's fist. In the case related below there is no evidence as to the duration of the change in the appendix, as the patient appears to have had no symptoms until a few days before admission. Kelly says that the walls of the cystic appendix are attenuated and transparent, but in this case they were extremely thickened.

The patient, a male aged 64, was admitted to the Bedford County Hospital on June 27th, 1918. Two days before admission he was seized with abdominal pain, followed by vomiting. The pain began in the umbilical region, but later settled in the right inferior quadrant of the abdomen; it was relieved by morphine. The bowels were constipated and an aperient was given without result.

On admission to hospital the general condition was good, the pulse was 92, and temperature 98.6° F. On palpation there was rigidity of the muscles and tenderness over the caecum. A swelling could be felt in the caecal region, but hyperaesthesia and rigidity made it difficult to palpate.

Operation (June 27th).—An incision was made over the caecum, and a large elongated firm lump was then felt lying behind the caecum and ascending colon, which suggested an enlarged kidney. This was delivered and found to be attached to the apex of the caecum. It was removed, leaving an opening into the caecum half an inch in diameter. A purse-string suture was applied, and the stump invaginated.

After the operation vomiting continued for several days, which caused a good deal of exhaustion and difficulty in feeding. The man left the hospital quite well on August 1st.

The tumour which was removed was 7 in. long, 7½ in. in circumference, and weighed 8½ oz. It was sent to Mr. S. G. Shattock, F.R.S., at the Museum of the Royal

College of Surgeons, who very kindly supplied the following report:

A vermiform appendix enormously enlarged from the accumulation of mucin within it, after its occlusion. The distended structure, which is somewhat pyriform like the gall bladder, measures 14 cm. (5½ in.) in length and 6.5 cm. (2½ in.) in greatest transverse diameter. Its surface is of a dull white colour and quite smooth except for the presence of a few shallow sub-circular pits like those seen in the peritoneal thickening over the spleen or liver or on ovarian cysts. The wall of the sac, which is of extreme density, is 0.7 cm. in thickness.

Microscopic sections show that it is constructed of parallel lamellae of dense fibrous tissue furnished with a moderate number of flat connective tissue corpuscles, uniformly distributed and regularly disposed between the fibres. The cells increase in number towards the inner aspect, where there are, in addition, lines and larger groups of lymphocytes in the clefts. The innermost zone of all, however, is devoid of cell nuclei and in a state of necrosis, the cells, as shown by the use of scharlach, being represented only by elongated groups of fat droplets.

There is no trace of epithelial lining, the necrotic fibrous tissue being immediately succeeded by an adherent layer of mucin in which there are embedded calcareous molecules and larger spherules, the chief of which have a laminar structure. On the narrow, proximal and less thickened end there may be recognized a small patch of the mucous membrane of the caecum which was opened in the removal of the appendix.

AN out-patient department for the treatment of nervous diseases is being instituted in connexion with the Bethlem Royal Hospital, London, S.E. Persons of the educated classes, in a presumably curable condition, are alone eligible for admission as in-patients and are received either free in necessitous cases or at

a fixed inclusive rate of three guineas a week. With a view to the early treatment of eligible cases voluntary or uncertified cases are admitted. It is hoped that the new department will prove to be of great help to those requiring early advice before their condition has become so urgent as to require the medico-legal label of insanity. The department is established in another building, quite apart from the main institution, and will be known as the Hospital for Nervous Diseases. The address is 52, Lambeth Road, S.E. Consultation between members of the hospital staff and the medical practitioner in attendance upon the case will be encouraged.

Two-thirds natural size.