fever and cholera are there fought. No speedy exemption is, in my opinion, to be expected.

It must be frankly said that the method of exclusion is practically impossible in the smaller villages, in the larger villages, and in the lesser towns; but this admission is very far indeed from covering the whole case. In the first place, it is precisely in those smaller and more or less circumscribed collections of huts and houses that the palliative or remedial measures are easily successful, and, provided the infection be not reintroduced, permanently successful. In the second place, whence do Indian villages derive their infection? Is it not from the great cities on the seaboard, and from the larger inland cities which have become secondary distributing centres? And is it indeed quite impossible to apply the method of exclusion in them?

I do not doubt that when a broad and comprehensive survey of all the data has been taken, it will be perceived that the exclusion of rats from occupied buildings in cities is the only measure which can permanently diminish the susceptibility of India to plague; and that, as soon as this principle of action has been grasped, resolutions taken by Government will be conceived in the spirit which animated that courtier who, when he was desired to undertake a business which the King himself thought it hardly possible to carry through, replied, "Sire, if it be difficult, it is already done; if it be impossible—it shall be done!"

PRIMARY SARCOMA OF THE VERMIFORM APPENDIX.

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ALTHOUGH primary malignant disease of the vermiform appendix is comparatively rare, recent increase in surgical and pathological activity has brought to light many instances. The literature of the subject of malignant disease of the appendix was collected and critically examined by Dr. H. D. Rolleston and Mr. Lawrence Jones in an excellent paper read before the Royal Medical and Chirurgical Society of London in 1906.¹ They found that the total number of cases of primary malignant disease of the vermiform appendix available for analysis up to that time was 42. Of these, 37 were recorded as some form of carcinoma, 3 as endothelioma, and 2 as

sarcoma. It is only the last with which I am at present concerned; I am able to add a third case. No other subsequent reference to sarcoma has been found, though there have been a few later cases of carcinoma.

CASE I.—In 1898 Warren recorded a round-celled sarcoma of the appendix spreading to the mesentery, for which he removed the caecum and performed an anastomosis by Murphy's button.²

CASE II.—In 1903 P. Paterson recorded a case of round-

celled sarcoma, infiltrating all the coats except the peritoneal.³

CASE III.—In 1905 a case of round-celled sarcoma of the appendix was under treatment by the writer, in consultation with Dr. Lees of Clifton, the particulars of which are recorded below.

The patient was a lady, aged 45, who had been losing flesh, had severe pain in the right iliac region and diarrhoea. The first indication of trouble was five months previously, when she had a sudden colicky pain in the right lower abdomen. Two months afterwards she had another short attack; and again, two months later, a longer attack. Subsequently she was frequently awakened by pains at night, which tended to be less severe but more constant. Tenderness then appeared, and a deeply-seated swelling was found, occupying the false pelvis, just above the brim on the right side. The region was resonant, and the tumour somewhat defined above. During the next few weeks the swelling increased, though pyrexia and tenderness were absent. We had suspicions of its malignancy, and after further consultation an operation was decided upon.

The appendix was about 3½ in. long, as big as one's thumb, and very hard and very adherent. Its club-shaped extremity was deep down behind the ileo-caecal junction. It was enucleated with considerable difficulty and fractured like a carrot near the base. The caecum and ileum were normal. The base of the appendix presented into the caecum like an os uteri, and through the small lumen a glairy fluid, but no faecal matter, escaped. A gland could be felt in close proximity and was simultaneously removed, as well as the uninvolved head of the caecum. The patient made a satisfactory recovery from the operation.

About five weeks later a tender tumour was first noticed in the left lower abdomen, and bimanually this was found to be ovoid, mobile, and apparently in the position of the left ovary. This continued to increase, and at the time of the death of the patient, nine months after operation, it occupied almost the entire abdomen. For some months the patient was frightfully emaciated; she developed pleuritic effusion at an early stage and very marked oedema later on.

Microscopic sections of the appendix in several places showed it to be uniformly composed of round cells, with a little intercellular reticulum. This pathological change involved the whole of the wall between the peritoneum externally and the muscularis mucosae internally; it showed signs of breaking through the peritoneal coat at one place; and, as will be seen in the accompanying photomicrograph, the submucosa was becoming invaded. The sections were submitted to several authorities, and the consensus of opinion was that the tumour was a sarcoma. Mr. Shattock, who kindly examined the sections, regarded the growth as a lymphosarcoma, having its primary origin in the submucous tissue, and tending to infiltrate the neighbouring coats, as is common with lymphosarcoma of the alimentary tract.

REFERENCES.

¹ Transactions of the Royal Medical and Chirurgical Society of London, 1906, vol. lxxxix, p. 125-156. ² Boston Med. and Surg. Journ., vol. cxxxviii, p. 177, 1898. ³ Practitioner, 1903, vol. lxx, p. 155.

A CASE OF SEPTICAEMIA WITH INTERESTING REACTIONS TO TREATMENT, AND RECOVERY.

By CLAUD F. FOTHERGILL, M.B., B.C.CANTAB.

THE following case appears to be of sufficient interest to warrant publication, showing, as it does, several interesting features. The writer himself was the unfortunate patient, and endeavoured accurately to observe his own case.

On May 1st, 1907, the patient, then senior house-surgeon at the Gloucester General Infirmary, had the misfortune to receive a small scratch at the root of the nail of the middle finger of his right hand whilst assisting at the amputation of a septic tuberculous hip. It bled slightly at the time, was there and then bathed in lysol solution, and was not again employed at the operation. Immediately the operation was over (and it necessarily had to be performed rapidly on account of the patient's condition) the finger was squeezed successfully to induce free bleeding, was held under a very hot stream of water, and then a little pure carbolic was rubbed into the cut.

Hot boracic fomentations were applied at frequent intervals during the day and once in the middle of the night, and were continued throughout. In the meanwhile prophylactic treatment proved of no avail, for the patient felt progressively more ill, whilst the finger became more acutely painful. The bowels were freely opened by a calomel purge. No fluctuation was discoverable.

On May 5th patient began to have rigors. Gas was adminis-