from the perforation of foreign bodies, outside the colon as a result of injury.

4. Pericolicitis ends in resolution, in chronic inflammation, sometimes with extensive thickening of the colon, or in suppuration, which is usually retroperitoneal.

5. The treatment consists in an attempt to prevent the inflammation becoming chronic, and in the early opening of any abscess which may be formed.

REFERENCES.

¹ *Med. Soc. Trans.*, vol. XXVIII, 1905, p. 231. ² *Lancet*, 1903, vol. ii, p. 1148. ³ *BRITISH MEDICAL JOURNAL*, 1906, vol. ii, p. 137.

A CASE OF APPENDICITIS:

REMOVAL OF A STERCOLITH: PASSAGE OF AN ASCARIS LUMBRICOIDES FOURTEEN DAYS LATER.

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(Forwarded by the Director-General of the Navy.)

In view of the fact that recently several cases¹ of appendicitis have been reported in which the cause was attributed to ascarides, the following case is not without interest:

History.—W. T. M., gunner, Royal Marine Artillery, H.M.S. *Magnificent*, aged 22, was first seized with pain in the right inguinal region at 8 a.m. on May 23rd, 1906, and at the same time felt cold and shivered; at 10 p.m. he vomited some dark, watery fluid. The patient did not report himself sick until 7.45 a.m. next day; then he complained of pain in the right iliac region, going transversely across the abdomen. He had vomited several times during the night and early morning, and his tongue was slightly brown.

State on Examination.—There was found considerable tenderness over McBurney's spot, and some rigidity of the abdominal muscles. Temperature, normal; pulse, small and regular, 80. No ascertainable history of any similar previous attack. At 9.30 a.m. he vomited some watery mucus. He was put to bed and allowed no solids (diet consisting of Benger's food and milk and barley water in small quantities). That evening his temperature rose to 102°.

Progress.—On May 25th, the day after admission, fullness was observed in the right iliac fossa. Three days later he had retention of urine, relieved by catheterization; the urine was of specific gravity 1040 and rather high-coloured, but otherwise normal. As soon as the case was seen it was recognized as one of appendicitis and treated with enemata, small doses of calomel and opium, and intestinal antiseptics in the form of salol and guaiacol carbonate; locally glycerine and belladonna was applied in conjunction with poultices. On the evening of the 30th, seven days from the onset of the symptoms, the patient again complained of nausea, the fullness in the right iliac fossa was more pronounced, and tenderness present as before over the region of the appendix, and the temperature in the evening rose to 103°; pulse 94, soft and of fair size. It was decided to operate next morning.

Operation.—On May 31st an oblique incision 3 in. long was made, commencing 2 in. from the anterior superior spine downwards and inwards parallel to Poupart's ligament. The various muscles having been in turn divided, the peritoneum was reached and was opened on a director, when an immediate outpouring of a large quantity (more than 1 pint) of very fetid pus occurred. The pus had a distinctly faecal odour. Fleet-Surgeon Vidal G. Thorpe, of H.M.S. *Victorious*, who was assisting at the operation, very carefully inserted a finger into the abdominal cavity, taking care to avoid disturbing existing adhesions, and at once came upon a stercolith about $\frac{3}{4}$ or 1 in. in length and $\frac{1}{4}$ or $\frac{3}{8}$ in. in diameter, which he removed. The parts were irrigated with sterilized normal saline solution at a temperature of 108° F., and after a gauze drain soaked in iodoform emulsion had been introduced the wound was partially closed, the muscles being sutured with catgut and the skin with silk sutures of the blanket-stitch type.

After-Progress.—That evening the temperature was 101.3° F., pulse 88. The dressing was changed and a dry gauze drain inserted. Prior to the operation the patient had passed several restless nights, and was therefore given at 11.30 p.m. a hypodermic injection of $\frac{1}{4}$ gr. of morphine bimeconate, with the result that he was soon asleep and awoke next morning very much better. The pus escaped freely for several days, the temperature dropping to normal in the morning, and rising to 99.2° F. or 99.4° F. in the evening. The day after the operation the bowels acted spontaneously, and three small scybalous masses were passed. Boracic fomentations were applied over gauze night and morning. For the first twenty-four hours after the operation he was only given small quantities of barley water, then he was given half a teacupful of Benger's food twice a day, calvesfoot jelly and milk and barley water in small quantities between times. A morphine injection was again given on the night of June 2nd, and a morphine draught on the evening of the 3rd, after which he slept well without any hypnotic.

Gradually the diet was increased, peptonized milk-food cocoa added first, then junket, omelet, etc. On June 4th the wound was irrigated for the first time with normal saline solution, and next day he received a dose of castor oil; after this had acted he was given more solid food, such as quenelles of fish, etc.

June 6th. Pus had by now entirely lost the faecal odour so noticeable at first and was rapidly diminishing in quantity. Being troubled with slight flatulence he was given 12 gr. of salol, and in the evening an enema of turpentine and castor-oil beaten up with yolk of egg in infusion of linseed, but this he was unable to retain.

On June 8th the patient commenced to show some signs of colitis, with frequent desire to stool, and the passing of slimy mucus, and the temperature rose in the evening to 101.4°. After a dose of castor oil, which was followed by free evacuation, the temperature dropped to 99.2°. For the next two days he suffered from a frequent desire to go to stool, and passed a considerable amount of slimy mucus per anum involuntarily, which necessitated the frequent changing of cotton-wool placed to receive it. At 12.45 p.m., on June 10th, he passed a large amount of greenish pus per rectum, and pus in small amounts was passed per anum next day, after which it entirely ceased.

Result.—On June 13th, fourteen days after the operation, he passed a large motion, containing a round worm about $9\frac{1}{2}$ in. in length. On the 16th the drain, which had been gradually reduced in size, was left out, and from this time on the patient made an uninterrupted recovery. On July 11th the wound had entirely healed, and he was discharged to duty and proceeded on leave, being enjoined to wear a pad of lint and bandage over the scar.

On July 24th (three or four days after his return from leave) the scar broke down, and there was some superficial ulceration.

REMARKS.—The special points of interest in this case were the following: (a) Presence of stercolith; (b) colitis and discharge of pus and slimy mucus from rectum; (c) passage of a round worm fourteen days after the operation. My colleague, Surgeon F. Cock, R.N., has suggested that the stercolith may possibly have followed the dilatation of the orifice of the appendix by the round worm, which dilatation subsequently allowed the entrance and retention of faeces, which underwent calcification. The breaking down of the cicatrix two months after the operation was much to be regretted, and was probably due to the exceptional vigour of the patient, who from the time of commencing convalescence was always eager to do more than his condition justified, and always keenly resented being treated as an invalid and restricted as to walking, etc.

REFERENCE.

¹ Surgeon F. E. Anley, R.N., *BRITISH MEDICAL JOURNAL*, March 24th, 1906, p. 667; Captain H. L. Whale, I.M.S., *ibid.*, May 12th, 1906, p. 1100.

YELLOW FEVER IN CUBA.—The sanitary and demographic report of the island of Cuba—a most elaborate and comprehensive monthly publication which we have previously had occasion to commend—has just reached us for the month of May last. It is of interest as recording a re-appearance of yellow fever. The outbreak occurred in the Olano plantation in the Bolondron district, which adjoins Magdalena plantation where the last known case (which ended fatally) had occurred rather over three months before. Previous to this last outbreak of 1905 there had been three years (1902-4 inclusive) in which there had been no yellow fever in Cuba. The new case was diagnosed on May 17th, and died the same night, and a Commission at once took in hand the stamping out of the disease. A census was made of all the non-immunes within a circuit around the focus, mosquito-proof isolated buildings were prepared, the non-immunes were kept under surveillance, and all the dwellings within the circuit were fumigated for mosquitos. An ambulatory case was discovered the very first day and isolated, and in consequence of these precautions no further cases developed. Inquiry showed that a non-immune labourer was taken ill with "fever" on the Olano estate on March 24th; another on April 19th with fever and jaundice, and a third, who nursed him, was the fatal case of May 17th. Probably some infected *Stegomyia* was driven away from the Magdalena plantation after the death of the February case, and fed on immunes at Olano till it chanced to bite the non-immune who was attacked on March 24th, and fresh *Stegomyias* biting this case, created a new focus in the Olano plantation, which the energetic action of the sanitary authorities was fortunately sufficient to cope with.

The will of the late Mrs. Helen McEwan, of Charles Street, Berkeley Square, directs that the residue of her estate, probably amounting to some £14,000, shall be equally divided between the Gordon Boys' Home and the Royal Hospital, Chelsea.