branch of the deep epigastric artery was divided, which gave rise to some trouble.

The small intestine presented at the wound, and some two feet were drawn with a view of reaching the cæcum, but failing to find it the bowel withdrawn was returned and drawn out in the opposite direction; almost directly the ileo-cæcal junction came into view, and as it was being drawn out a few flakes of yellowish lymph escaped. The ileum, cæcum, and appendix were matted together by adhesions, the appendix being bound down into the angle between the ileum and cæcum; with considerable difficulty the appendix was separated, and a perforation was then seen at about the middle of its length, and in the base of the ulcer a small piece of hard faecal matter, about the size of a hemp seed, was lying; on the surface of the cæcum was some yellow lymph where the appendix had been adherent, making it appear that the ulcer in the wall of the appendix had first perforated into a small closed space surrounded by adhesions between the appendix and the cæcum, and that this cavity, containing a few flakes of pus, had ruptured into the general peritoneal cavity at the time of the onset of the acute symptoms. The whole appendix was not more than an inch in length, so that there did not seem to be room to cut it off entirely clear of the perforation: the appendix was therefore divided through at the seat of the ulcer. The muscular and peritoneal coats were then stripped back like a glove from the mucous membrane, the latter was tied as close up to the cæcum as possible and cut off close to the ligature, the muscular and peritoneal coats were then brought down and stitched over the stump of mucous membrane. The bowel was then washed and returned into the abdomen. The abdominal cavity was then well washed out with plain boiled water at a temperature of 100°. A large rubber drainage tube was put into the upper angle of the wound, its lower end resting in the angle between the ileum and cæcum, the abdominal wound was closed with four deep sutures going through all the layers, and two or three superficial skin sutures. There was hardly any shock from the operation, the temperature only falling to 99°; a fifth of a grain of morphine was given hypodermically, and nothing allowed by the mouth except occasional teaspoonfuls of hot water to relieve the thirst. The same evening the temperature rose to 100.4°, the highest point it reached, the dressings were changed, as there had been a considerable amount of blood-stained oozing from the tube; 7 ozs. of urine were drawn off by the catheter.

The following morning (March 25th) the patient twice vomited some bile-stained fluid. The temperature was 99.4°; the dressings were again soaked and had to be changed. The abdomen was not distended, and there was very little tenderness except round the wound; passed urine naturally during the night; was given Brand's essence every three hours during the day.

March 26th. The dressings had to be again changed yesterday evening, but this morning there was no oozing from the drainage tube, which was therefore removed, that is, 48 hours after the operation. Patient does not seem so well, looks dusky, vomited once yesterday and eight or nine times during the night; still the abdomen is not tender or distended, and the wound appears doing well. A soap and water enema, with a tablespoonful of turpentine, was ordered, which brought away several large scybala, after which improvement rapidly occurred, and there was no more vomiting; on the evening of this day, that is, 60 hours after operation, the temperature reached normal, but rose again on the evening of the 27th, and continued between 99° and 100° for three days more, owing to some suppurative in the stitch holes; it again reached the normal line on the sixth day, and there was no further rise. An enema was given every day for ten days, after which the bowels acted daily without any artificial stimulus. The superficial stitches were removed on the 29th, five days after operation, one deep stitch was removed on the 30th, and the remaining three on the following day. There was unfortunately a considerable amount of suppurative from the three lower stitch holes on the outer side of the wound, and although the wound itself healed well the stitch holes were not entirely healed till ten days later, that is, 21 days after the operation.

Fortunately, in this case the symptoms of perforation were sufficiently acute as to leave little doubt as to the diagnosis;

and also the former attacks of appendicitis pointed unmistakably to that region as the seat of trouble. In both these respects the case contrasts strongly with one I reported in the *Lancet*, May 6th, 1893, where a faecal concretion escaped from the appendix, and yet the patient continued to go about during the two following days, so slight was the peritonitis excited, and also there had been no previous attacks of appendicitis.

I have reported the case, as it is another instance that a successful issue may be obtained after perforation and the onset of peritonitis, provided operation be undertaken sufficiently early; yet one cannot help feeling that it would have been better to have removed the appendix in the quiescent period after the second severe inflammatory attack, and thus avoided the extra risk of having to do so after perforation had occurred and peritonitis actually commenced.

CEREBRAL SINUS THROMBOSIS.

By EDGAR TREVITHICK, M.D. CANTAB.,
Physician to the Cheltenham General Hospital.

A GIRL, aged 19, in October, 1896, underwent abdominal section for supposed abdominal cyst, the case in reality being one of tuberculous peritonitis. The abdominal wound never thoroughly healed.

The patient, however, got well enough to leave the hospital, but was readmitted on December 24th, 1896. There was then a sinus at the site of the operation wound discharging curdy pus, and she was reported to be strange in her manner. Early in January she developed very decided "head symptoms," and there was some question about removing her to an asylum. As an alternative, however, she was sent into a medical ward, and came under my care.

There was then very marked want of facial expression, but there was no actual palsy. The mental condition was deranged. The patient was occasionally very noisy and somewhat violent. In the intervals she was placid while left to herself, but very intolerant of any interference. She generally refused her food, which had eventually to be administered, in spite of her active resistance, through a tube. She was very frequently to be found repeating (sometimes singing) hymns and other evidently very familiar songs. She would often appear to be fixing her gaze upon some distant object intently and sometimes rapturously.

She died on March 24th, having continued in much the same condition mentally until the end. There was never any marked palsy of any particular muscle or set of muscles, but towards the end I noticed rigidity of the flexors of the arms.

At the necropsy, in addition to advanced chronic tuberculous peritonitis, I found a firm decolorised thrombus in the superior longitudinal sinus. The main cerebral veins turning in the sinus also contained firm, decolorised, wormlike plugs. The thrombosis did not extend into the jugular veins, and there was evidence that some blood had always been able to pass between the thrombotic cave and the sinus wall. The brain showed a symmetrically-placed patch of hæmorrhagic softening on each side, involving the angular and supra-marginal convolutions. The rest of the brain appeared normal. There was no evidence of tuberculous meningitis. The kidneys were unaffected.

The case is of some interest, I think, on account of the cerebral symptoms which attended the thrombosis.

I may just add that there was considerable enlargement of the post-thoracic glands, which may have exercised some pressure on the superior vena cava.

A VETERINARY CONGRESS.—The third National Veterinary Congress will be held in Paris from November 10th to 14th. Among the questions to be discussed are the generalisation and organisation of meat inspection throughout France; tuberculin and the duty of the veterinarian as regards the sale of animals suffering from tuberculosis; and mallein.

THE annual general meeting of the Incorporated Society of Medical Officers of Health will be held this day, Saturday, October 23rd, at the Holborn Restaurant, W.C., at 5 P.M. The President (Dr. E. Seaton) will deliver his presidential address on Medical Societies and the Public Health Service.