laid up for a week. When I saw him he was the subject of chronic indigestion of the appendical type. He was taking bromide regularly to control his epilepsy.

Operation was advised (1) for relief of the indigestion, (2) in the hope that it might benefit the epilepsy. A large, distended, adherent appendix was removed from the ileo-caecal angle.

He made an uneventful recovery. He had no epileptic attack for six months after operation, and since that time the attacks have been much less frequent and less severe.

It seems reasonable to infer that if this appendix had been removed at a much earlier stage, before the epileptic habit had become confirmed, the result would have been much better, and possibly the disease might have been cured.

CASE VII.—*Petit Mal*.

In May, 1922, I saw a boy, aged 10, a doctor's nephew, who had for some years suffered from attacks of petit mal, which were increasing in frequency. I was asked to see him owing to an attack of abdominal pain. We regarded the case as one of appendicitis, and advised operation. His mother at once pointed out that he had these nervous attacks, and asked whether there would be any chance of the operation making them worse. Our reply was that there was every reason to hope it would make them better.

At operation we found a distended, obstructed appendix.

He made an uneventful recovery. The attacks of petit mal disappeared, and he is now a boarder at a public school, in excellent health.

Let it be clearly understood: I do not propose that every case of migraine, cyclical vomiting, or epilepsy should be submitted to an appendicectomy.

I do wish to point out that this group of cases, which may be classed with hysteria, neurasthenia, and certain cases of mental disease, have one feature in common—that is, a nervous system so unstable that it is liable to be upset by some slight reflex stimulus which would not disturb a normal individual.

A thorough examination for an abdominal focus should be carried out in every instance. A misplaced uterus, or a movable kidney, will often afford an explanation, but I venture to suggest that a diseased appendix will prove to be the exciting cause much more frequently than we have hitherto suspected.

When there is good reason for suspicion of that organ, appendicectomy should be seriously considered.

THE TREATMENT OF RODENT ULCERS NEAR THE EYE.

BY

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THE satisfactory treatment of rodent ulcers in the region of the eye and nose is sometimes a little difficult. For very small lesions the application of carbon dioxide snow may be efficient, in other cases the application of radium or treatment by x rays may be recommended, but none of these methods is quite so speedy or efficient as excision, if that can be practised without causing deformity of the face.

If surgical measures are undertaken it is wise to remove the ulcer with a margin of at least half an inch surrounding it. If the ulcer is but the size of a threepenny-bit its removal may leave a space necessitating a skin graft, for to bring the edges of the skin together will distort the eyelids or nose. The difficulty of applying a skin graft in the region of the inner canthus and ala nasi is readily understood. It is almost useless to apply grafts by the Thiersch method unless firm and equable pressure is maintained, and the difficulty of maintaining such pressure in this region is easily appreciable. Following the lines of the well known work of Esser, which has been so skilfully developed by Gillies and others, I at first applied grafts moulded upon Stent's composition. This gave fairly satisfactory results, but the material upon which the grafts were moulded was rather hard to press against the bony root of the nose, and if the mould was not absolutely perfect equable pressure over the whole area was not maintained. In searching for a suitable moulding material I thought of a substance which would be less hard when cold, but would enable pressure to be applied over

the whole grafted area. Plasticine was therefore tried and proved suitable. This material was used because it was most readily obtainable, but ordinary artist's modelling clay would, I think, serve equally well, if not better.

The technique of the method is as follows. Under a general anaesthetic the ulcer is excised with half an inch of apparently healthy skin all round. Any bleeding vessel is seized by artery clips and oozing from smaller vessels checked by gauze pressure. Fine catgut may be used to ligature any larger vessel if necessary, but it is better to do without ligatures if torsion and forcipressure will suffice. Whilst the raw area is being made dry by pressure the surgeon takes up a piece of modelling clay which has been boiled in order to sterilize it, and breaks off a portion of a suitable size for the graft. It is then carefully moulded over the raw surface and contiguous surface of the root of the nose and upper or lower eyelid, and put aside whilst the outer aspect of the thigh is exposed for the purpose of cutting the grafts. The grafts are cut in the usual way by a razor or special knife, and are placed on the area of the clay previously moulded on to the raw surface, with their deep or raw surface outwards, so that when the mould is applied to the part of the face operated upon raw surface of graft meets raw surface of face. The grafts should more than cover the actual part of the clay which fitted the ulcer. The clay with grafts on it is carefully fitted on to the place from which the growth was removed and pressure is maintained by strips of strapping. A simple dressing is applied over this. The parts are not touched for about ten days; at the end of which time the dressing and clay can be removed. The grafts should then be firmly adherent and no raw surface be seen. A simple dressing may be applied and maintained in position by strapping for a week or two. The superficial scab of epithelium will gradually separate and leave a healthy depressed and firm scar. In the course of a few months this scar rises and restores an almost normal appearance to the site from which the rodent ulcer has been removed.

MICROSCOPICAL AND CHEMICAL EXAMINATION OF STOOLS IN YOUNG CHILDREN.

BY

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In order to ascertain what information might be gained by systematic examinations of stools in young children, careful observations were made during 1924 and 1925 on patients in the observation ward at the Carnegie Institute, Birmingham. As there was some variation in method and nomenclature during the early period, these notes deal exclusively with the cases of 1925, when a more definite system had been instituted.

Chemical examinations have been made with the object of ascertaining the reaction, and the presence or absence, of occult blood; the microscopic examination has included Gram-stained films for the bacterial flora, and examination for pus, fat, etc.

Stools have been examined from cases of subacute and chronic enteritis; convalescents from enteritis; children with no intestinal disorder and with normal stools; cases of constipation; and breast-fed infants. All the patients were children under the age of 5.

(A) Chemical Examination.

In the cases suffering from enteritis, 54 per cent. of the stools were acid, including all the more acute cases. Blood was found in 83 per cent. of the cases. Pus and epithelial cells were frequently found on microscopical examination of the wet preparation. As the patients improved the stools became alkaline, only 22 per cent. remaining or becoming acid. Blood was still found in 50 per cent. of the patients who had clinically quite recovered. Of the normal stools, 90 per cent. were alkaline, and blood was