unavoidable presence here of a small chink might be useful for drainage, and I was reluctant to put a drainage-tube in from fear of the bowel again prolapsing, so I contented myself with putting the patient in the Fowler position and giving copious rectal saline injections. She died five days later from peritonitis.

Nottingham.

A CASE OF SUPERNUMERARY TOES.

BY C. G. HAVELL, M.D. DURH., L.R.C.P. LOND., &c.

THE case was that of a recruit aged 20. He came to hospital asking to have the second toe on each foot amputated as he found all six difficult to accommodate in the military boot constructed for five. I

CASE OF GALL-STONE COMPLICATING APPENDICITIS.

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THE patient, aged 52, was admitted into the pay wards of the Barbados General Hospital suffering from appendicitis, and after consultation with another member of the staff (who was the patient's medical attendant) I was asked to operate upon the case.

The abdomen was opened in the region of the appendix and the latter was found to be very enlarged and congested. I removed the appendix, and before closing the abdomen examined the interior and found a tumour presenting from the

Illustrating Dr. Havell's Case of Supernumerary Toes.

declined such Procrustean surgery, and recommended him to the care of the battalion shoemaker.

The point of interest in the case is the perfect formation of individual toes and of the foot as a whole. Most noticeable also is the massive construction of the fifth metatarsal articulating with the two outermost toes.

X ray examination of the hands showed each to be normal as regards bony formation. At the base of the fifth metacarpal on each hand was a small bud or outgrowth of cuticular tissue projecting about 3 mm. beyond the inner border of the hand.

The only other instance in the family known to my patient of a similar abnormality is a sister. She also had six toes, but had sacrificed one on each foot in a vain attempt to conform to the requirements of the ready-made bootmaker.

Felixstowe.

under surface of the liver, and on carrying my incision upwards, parallel to and about an inch below the right costal margin, a very much distended gall-bladder presented itself, distended almost to bursting. I opened the gall-bladder and removed a calculus of about the same size and shape as a pigeon's egg. The gall-bladder was sutured to the abdominal wound and drained externally. The patient made an uninterrupted recovery.

I publish this case merely to show the importance of examining the abdominal and pelvic organs at every operation when permissible, since if I had been content to remove only the appendix the patient would still have suffered from the distressing pains of a distended gall-bladder. He did not present any symptoms of gall-bladder trouble before the operation for removal of the appendix.