The patient's previous history, the late appearance of the sepsis, the rise in temperature after curettage, the return to normal, and the later features of the case, are all full of suggestions; but, so far as the main point of the case is concerned, personally the experience chiefly emphasizes the value of constitutional vigor and resistance, as assisted by proper food and general nutrition.

PYO-PNEUMO-APPENDIX, DUE TO OBSTRUCTION BY A FECAL CONCRETION.

MILES F. PORTER, M.D.

Professor of Surgery, Indiana Medical College, Medical Department of Purdue University; Surgeon to Hope Hospital.

FT. WAYNE, IND.

Inasmuch as I have never met with a similar condition in a large experience, and have been unable to find a similar case reported in the literature at my hand, including the works of Deaver, Mynter, Lockwood, Holmes, Kelly, Maylard, Douglas and Hemmeter, I deem the following case worthy of record:

Patient.—Mr. D., a Lutheran preacher, aged 32, American, was referred to me by Dr. Cook of Bluffton, Ind. He entered Hope Hospital May 14, 1906. The following history was obtained.

Fig. 1.—The appendix as it appeared fully distended, before it had partially emptied itself.

Fig. 2.—Longitudinal section with concretion *in situ*.

History.—He had never been seriously ill before. He ate heartily of fish one week ago and has had some nausea and heaviness in stomach every since. On May 10 abdominal pain commenced and on May 11, centered itself in the appendix region. He has vomited continuously for the past twenty hours. Pain is becoming worse.

Examination.—He is a well-nourished, dark-complexioned man. The abdomen is retracted, with tenderness and rigidity over the appendix.

A diagnosis of acute appendicitis was made; immediate operation was advised and accepted.

Operation.—Ether. After the patient was anesthetized the appendix could be palpated. McBurney incision. A little turbid fluid was found free in the peritoneal cavity. The appendix was found to be as large as the small gut, very much congested, slightly mottled with lymph, very slightly adherent but rather closely held to the back by reason of a short meso-appendix very much thickened by inflammatory exudate. The appendix was elastic and tense to the finger. During the manipulation necessary to ligation of the meso-appendix, a gurgle was heard and felt and the appendix suddenly collapsed partially. I naturally feared that I had ruptured it and

spilled the contents into the abdominal cavity, but inquiry revealed the fact that it had partially emptied itself into the cecum. The operation was completed according to the method which I have been using for about two years, and which consists in ligating the meso-appendix with small plain catgut, ligating the appendix flush with the bowel between two hemostats with fine linen, amputation of appendix one-fourth inch distad to ligature, cauterizing mucosa of stump with carbolic acid, crushing it with a hemostat, wiping the expressed debris down to surface of forceps and dropping, the wound in the abdomen being closed with buried sutures of plain catgut for the deep structures and adhesive plaster for the skin and subcutaneous tissue. When, owing to thickness of the fatty tissues, perfect coaption can not be accomplished with adhesive, a subcutaneous suture is employed.

Pathologic Examination.—After removal, the appendix was found to contain pus, fecal debris and gas, together with a fecal concretion, as large as a robin's egg and similarly shaped. This concretion was snugly wedged into the proximal end of the appendix and had evidently acted as a ball-valve, permitting some bowel contents to pass into the appendix and subsequently, owing to the vis-a-tergo resulting from accumulation of inflammatory products, preventing their escape into the bowel. The partial collapse with the gurgling which occurred during the operation was undoubtedly due to a partial opening of this "valve" and consequent escape into the bowel of some of the contents of the appendix. The accompanying drawings were made from the specimen.

207 West Wayne Street.

ACUTE CARBOLIC ACID POISONING: RECOVERY.

J. B. CUTTER, M.D.

Surgeon to Santa Fe Coast Lines.

ALBUQUERQUE, N. M.

History.—On July 3, a child, aged 2½ years, was hurriedly brought into the Santa Fe Hospital with the explanation from the mother that 5 minutes previously it had swallowed an indefinite amount of pure carbolic acid. A 2 ounce vial was found empty and a considerable burned area appeared on the chin, lips and neck. The child was limp and unconscious; respirations were slow and shallow; pulse was slow and feeble; pupils were contracted.

Treatment.—Although somewhat contrary to precedent, a small caliber soft rubber stomach tube was carefully and easily introduced and a saturated solution of magnesium sulphate was introduced and syphoned out. This operation was repeated until two quarts of the solution had been used when some 6 ounces were allowed to remain and the tube was withdrawn. Atropia sulphate 1/600 gr. was introduced hypodermically, as also strychnia sulph 1/200 gr.

Result.—Within half an hour the pupils responded to the atropia and pulse and respiration improved. In 2 hours the child showed some irritability and signs of returning consciousness; within another hour there was semi-consciousness and the child swallowed a small amount of lime water. Two hours later a small amount of milk and egg albumin was swallowed.

During the lavage small blood-stained masses of mucoid material were ejected. Vomiting followed freely, but within 12 hours milk was retained and the child was so greatly improved that recovery was assured.

The response to the atropin injection was so marked that it is my opinion that this procedure is entitled to the principal credit as a life-saving measure.

The child was catheterized during the first hour of treatment and, though the urine was at that time clear, shortly afterward it was of the characteristic cloudy appearance, so that, while the amount of carbolic acid swallowed is uncertain, it must have been considerably more than is usually considered a fatal dose.