SURGICAL RESURRECTIONS—V.

A fat man of 60, who has been accustomed to eat and drink too freely, is never a good subject for operation, and offers little resistance when the peritoneum is severely inflamed. These facts were exemplified in the following case:

A very stout man of 60 years ate more than was good for him at dinner one night, and after dinner went to the theatre. During the play he had some vague abdominal pain which continued till next day, but was not acute nor accompanied by vomiting. He took some castor oil, but gained no benefit from this. On the second morning the pain was much worse, and he called in a doctor, who found him in great pain, and rather collapsed. When I saw him a little later, there was tenderness and resistance in the right iliac fossa, and it was easy to diagnose appendicitis. Since it was only thirty-six hours since the onset of pain one hoped that there would be no perforation of the appendix. The abdomen was promptly opened by a right iliac oblique incision, and a very inflamed appendix found lying on the psoas. There was a perforation at the base, and the caecal junction was necrotic. The appendix was removed, the foul material mopped up, and an attempt made to sew up the necrotic caecum. A tube was put down to the iliac fossa and another into the pelvis through a small stab-wound in the suprapubic region. Three days after operation the abdomen became very distended. The administration of an enemata and pituitrin did not relieve, but some improvement followed the injection of anti-gas-gangrene serum into the axillae. On the sixth day a free faecal discharge took place from the wound, and for a time he was better. Then the faecal discharge stopped, severe abdominal pain set in, and the temperature rapidly dropped from 102° F. to 95·6° F. At the same time the pulse rose to 130, and was very small, vomiting of a brownish material occurred, and all fluids taken by mouth were rejected. The abdomen was very distended, the bowels were completely inactive, the wound was unhealthy looking and covered with green gangrenous patches, and there was a look and an odour about the patient which made me and everyone else think that he had but a few hours to live. The faecal fistula had ceased to discharge, so I opened a coil of small intestine, which presented in the wound, but nothing escaped from the gut. In this parlous extremity I gave an intravenous injection of a pint and a half of normal saline, mixed with 50 c.c. of anti-gas-gangrene serum. I did not think the patient would last till the evening, but to my astonishment he was by that time slightly better, though even then his blood-pressure was but 103 systolic and 70 diastolic. I then gave a further injection of 75 c.c. anti-Welchii serum in half a pint of saline solution. Next day there was a great improvement. Gas was passed through the wound, the enterostomy acted, and nearly all the green sloughs had spontaneously separated from the wound. The pulse was better, and there was no vomiting. Thus the immediate crisis was passed. More troubles followed. A week later a large pelvic abscess had to be opened. A few days after this it became evident that the loss of fluid from the enterostomy was so depleting the patient that unless it were stopped the man would die. It was clearly impossible to operate without first increasing his strength, so a blood transfusion of a pint of blood was given. Operation was then undertaken and with some difficulty the opening in the bowel closed. A lateral anastomosis had also to be performed, since there was considerable narrowing at the place where the opening in the bowel had been sutured.

I hardly expected the patient to get over this operation, and it is quite certain that he would not have survived without the preliminary blood transfusion, but to my great relief he made steady progress from this time onward. The wounds gradually healed.
up, and he left the home three months after the first operation.

No one who saw this patient during the great crisis had any doubt that the improvement was due to the administration of the anti-Welchii serum, though it would be unwise to draw too sweeping conclusions from one case. That it is not an isolated case I hope to show by relating another similar instance next month. Zeta.

EDITORIAL NEWS.

The attention of readers is drawn to the following. Two post-graduates, writing independently from Vienna to the Fellowship of Medicine, asked for places to be reserved in certain classes of instruction for which the number of entries was strictly limited, and for which there was great demand. The post-graduates were notified by the Fellowship of Medicine that their places were definitely reserved, and were asked to pay the fees on their arrival in England. When the classes began the post-graduates had neither paid their fees nor withdrawn their applications, and the consequence of their discourtesy and utter lack of consideration has been the exclusion of other post-graduates who had applied for vacancies and had been refused on the grounds that the classes were full.

Will post-graduates please note, therefore, that in the case of applications received from outside the British Isles, fees in future must be paid at least one week before the beginning of a "limited" course, or the vacancy will not be reserved?

INTENSIVE POST-GRADUATE COURSE IN MATERNITY AND CHILD WELFARE.

The Fellowship of Medicine, at the request of the Maternity and Child Welfare Group of the Medical Officers of Health Society, has arranged an intensive course of lecture demonstrations in London during "Baby Week" (July 1 to 6) for qualified medical practitioners. It was felt that this course was in the nature of an experiment and if successful could be amplified at a future time. Practitioners attending will find that subjects of much interest will be under discussion during the whole of the week.

July 1.
Queen Charlotte’s Hospital, Marylebone Road, N.W.1.
10 a.m. to 11 a.m.—Mr. Trevor Davies, Antenatal Demonstrations.
11 a.m. to 12 noon.—Mr. Alec Bourne, "Recognition of Illness in Labour."
2 p.m. to 3 p.m.—Mr. L. C. Rivett, "The Midwife’s Place in Maternity Service."
3 p.m. to 4 p.m.—Mr. Leonard Phillips, "Prevention of Puerperal Fever."
8 p.m.—British Medical Association House, Tavistock Square, W.C.1.
Dr. J. S. Fairbairn, Paper, "Pitfalls of Pregnancy."

Friday, July 5.
Tavistock Clinic for Functional Nervous Disorders, 51, Tavistock Square, W.C.1.
10 a.m. to 12 noon.—Demonstrations by Dr. Hamilton Pearson, and Dr. Alice Hutchison, "Nervous and Difficult Children."
3 p.m.—The Infants Hospital, Vincent Square, S.W.1.
Dr. Eric Pritchard, Special Demonstration on Cases illustrative of Methods of Infant Feeding.
Tea at 4.30 p.m.

Saturday, July 6.
10 a.m.—London Lock Hospital, 283, Harrow Road, W.9.
Special Demonstration by Hon. Obstetric Surgeon.
(Twelve only allowed to attend at this demonstration.)
10 a.m.—St. Thomas’s Hospital, Albert Embankment, S.E.1.
Dr. R. C. Jewesbury: Clinical Demonstration in Children’s Ward.

The fee for the course is 10s. and should be sent to the Secretary, Fellowship of Medicine, 1, Wimpole Street, London, W.1. The intervening days of the week will be occupied by the programme arranged by the National League for Health, Maternity and Child Welfare, when subjects of great interest to the medical profession will be discussed.

It is hoped that Medical Officers of Health will as far as possible give facilities for their assistants to attend the conference.
Surgical Resurrections—V

Zeta

*Postgrad Med J* 1929 4: 162-163
doi: 10.1136/pgmj.4.45.162

Updated information and services can be found at:
http://pmj.bmj.com/content/45/162.citation

**Email alerting service**

*These include:*

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

---

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/