that failure in calcium cases is often due to the fact that the calcium has not been absorbed when given by the usual route; and it has been found that the frequent administration of a substance that is apparently quite harmless in the tissues, aided by another which we know definitely produces a rise of blood-calcium, does effect remarkable cures in one of the most difficult and obstinate groups of cases which the clinician is asked to treat. Most of the cases in my series had had long therapy, some had been given up, and this line of treatment was embarked on as a last hope. Of course there have been failures—but then these cases have responded to no other form of therapy. These results are empirical, but they are encouraging and clearly far more work must yet be done before the problem of calcium therapy is solved.

REFERENCES.


DRUMMOND. Physiological Lectures.

STEWART and PERCIVAL. *Biochem. Journ.*, xxi, 301.


MATZ. *Amer. Rev. Tuberc.*, 1925, xi, 250.


MARRIOTT and HOWLAND. *Arch. Intern. Med.*, 1916, xviii, 708.


POPESCU. *Compt. rend. Soc. de Biol.*, 1925, xciii, 72.

**SURGICAL RESURRECTIONS—VI.**

The case here related may be taken as confirmatory evidence of the benefit of the line of treatment adopted in Case 5. Any case with faeculent vomiting which recovers without operative interference must be regarded as in the nature of a resurrection.

A man, aged 49, was taken with dull pain across the umbilical zone of the abdomen. Two hours later he vomited. Next day the pain was felt all over the abdomen but gradually became more severe on the right side. When I saw him on the third day he looked ill, had a rapid pulse (120) and a tender distended lower abdomen. It was clear that he had peritonitis and the most probable cause was appendicitis. I had him moved to the hospital but did not operate till next day. A mid-line suprapubic incision showed general peritonitis; the pelvis was drained through this incision but a second cut was made in the right iliac region for the removal of the appendix, which proved to be gangrenous. A tube was also put into the second incision. The usual after-treatment was carried out—the patient was put in the sitting-upright position and continuous injection of saline given per rectum. Following the operation the temperature fell to 96.4°F. and distension was very troublesome. Repeated small doses of pituitrin were given and a turpentine enema administered; 30 c.c. of anti-gas gangrene serum was given subcutaneously. The next day the distension was worse and there was black vomit so the stomach was washed out and more serum given. The following day the distension was worse, the vomiting continued, and the vomited material was yellow and faeculent. The patient was semi-comatose, and in a desperate condition. The stomach was again washed out and some castor oil left in the viscus. Then an intravenous injection of two pints of normal saline was given and
some of the anti-welchii serum run in with the saline. The prognosis appeared hopeless and it is needless to labour the point that a man who is semi-comatose and vomiting feculent material is close to death.

To my delight the next morning the vomiting had stopped, the bowels had opened well, and the man was better in every way. This was the first case that I had ever seen in which intestinal obstruction, due to peritonitis and ileus, got well without any further surgical interference.

Though the crisis was passed, the effects of the toxæmia subsided but slowly and it was thought wise to continue giving small doses of anti-welchii serum. The tongue remained furry and dry and the mental condition was far from clear for some time, but as food was taken and the bowels acted regularly progress was steady and uninterrupted. He was discharged from the hospital about five weeks after the operation.

I have frequently noticed that patients who have been subjected to a severe toxæmia do not regain their full mental capacity for some time after the crisis is passed, and this case was no exception to the rule.

Zeta.

POST-GRADUATE NEWS.

SPECIAL COURSE IN GASTRO-ENTEROLOGY.

Provided that there is a reasonable number of entries, it is proposed to hold a Special Course devoted to Gastro-enterology at the Prince of Wales's General Hospital and Associated Hospitals, from July 22 to July 26. Fee £3 3s. Will those who are interested in this subject, and who would like to see the detailed syllabus, please apply immediately to the Secretary, Fellowship of Medicine, 1, Wimpole Street, W.1.

Two Special Courses only will be held in July. An intensive course at the National Hospital for Diseases of the Heart, from July 8 to July 18. As this course is limited to twenty entrants and is most popular we would remind readers that it is always essential to make early application. The next course will be given in October (7 to 18.) Fee £7 7s.

An afternoon course will be held from July 8 to July 19, at the Hospital for Skin Diseases, Blackfriars Road, S.E. 1, consisting of instruction in the Out-Patient Department and special demonstration of cases on each Tuesday afternoon. Fee £1 1s.

From July 29 to August 24, a course in Urology will take place at the All Saints' Hospital consisting of clinical and cystoscopic demonstrations. Fee £2 12s. 6d.

We would draw our readers' attention to the list of Special Courses for August. That to be given at the Queen Mary's Hospital will be on similar lines to the Prince of Wales's General Hospital Course, particulars of which were given in the June Number of this Journal, and is especially suitable to the panel practitioner and those from overseas.

Attention is directed to the facilities afforded for post-graduate instruction under the General Course scheme of the Fellowship of Medicine. This course consists of the clinical practice of the hospitals affiliated to the Fellowship. A Programme is provided which is arranged under subject headings, and leaves the holder of the comprehensive tickets (£2 2s. to £21—two weeks to twelve months) free to make out their own time-table in accordance with their requirements. For those unable to do whole-time study, books of vouchers are obtainable, 12 for 30s., 26 for £3.

The following post-graduate course in Maternity and Child Welfare (under the ægis of the Fellowship of Medicine) has been arranged by the Medical Officers of Health Society for qualified practitioners.

Downloaded from http://pmj.bmj.com/ on April 16, 2017 - Published by group.bmj.com
Surgical Resurrections—VI

Zeta

Postgrad Med J 1929 4: 180-181
doi: 10.1136/pgmj.4.46.180

Updated information and services can be found at:
http://pmj.bmj.com/content/46/180.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/