

symptoms of general peritonitis supervened, and the condition of the patient soon became desperate. There was vomiting and great abdominal distension and tenderness. Temperature 37° C., pulse 120. The peritonitis was diagnosed as being due to perforation of the vermiform appendix by Dutournier, and operation was decided upon. Demoulin opened the abdomen in the middle line, and found the cæcum of a dark reddish, or almost purplish, color, and covered with exudation. The vermiform appendix was resected. The small intestines were of a similar color to the cæcum, and also covered with lymph, but apparently no pus was present. Drainage tubes were put in. The patient made a good and uninterrupted recovery. The appendix was 5 cm. long, and its walls thickened. The perforation was situated 1 cm. from the tip, and was as large as a pin's head. A coprolith of the size of a hemp seed was found. In collecting statistics of such cases the author finds the percentage of recoveries after operation to be about 33, yet he acknowledges this number to be too high, as many of the fatal cases are not put on record. He concludes

that intervention should be adopted even in desperate cases of peritonitis due to perforation of the vermiform appendix, that median laparotomy should be done and the appendix resected if it can be found without too great difficulty, and that the operation should be performed as expeditiously as possible and the peritoneal cavity drained.—*British Med. Jour.*

SURGERY OF THE PANCREAS.—Nimier (*Rev. de Chir.*) points out that the good results obtained from establishing a fistula between the dilated bile duct and the small intestine suggest the possibility of dealing successfully with obstruction and dilatation of the pancreatic duct by an analogous procedure. Reference is made to a case recorded by Weir of cancerous obstruction of the pancreatic duct, in which it was found that there would not have been any difficulty in fixing the dilated canal to the duodenum. This record shows that cases may occur of dilatation of the pancreatic duct, in which, as the structure of the gland remains in a healthy condition, it would be possible, with good prospects of ultimate success, to establish a com-

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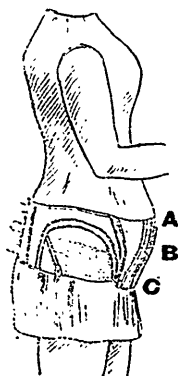
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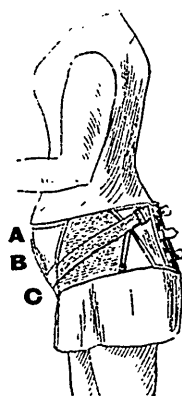
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