

operation. A small turpentine enema was given the next morning for relief of flatulence, and acted satisfactorily. Castor oil was given on the third morning and the bowels were opened. The stitches were removed on the tenth day, the abdomen being soundly healed.

On the second day he began to take milk freely, and his diet was rapidly increased until he was on a full diet. He left hospital on the twentieth day, refusing to stay any longer as he felt perfectly well.

His pain had very quickly disappeared and he was putting on flesh. The examination of the abdomen before discharge showed that the tumour had decreased in size to a remarkable extent and in fact could hardly be felt at all. His bowels were acting normally every day, and he was eating anything his caste allowed, a thing he had not done for months.

REPORT OF WORK DONE AT THE LOUISE MARGARET
HOSPITAL, ALDERSHOT, DURING THE YEAR 1913.

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(1) THE number of maternity cases was 491, consisting of 301 multiparæ and 190 primiparæ. Of these 428 were vertex presentations, 11 breech, 3 transverse and 1 a face presentation. Total number of infants born 495, there being four sets of twins. Of the 495 there were 254 males and 240 females. There were 7 persistent occipito-posterior cases, 1 of placenta præviæ, 1 placenta succenturiata, 2 adherent placenta, 9 stillbirths, of which 3 were macerated and 6 premature; 3 cases of albuminuria, 1 case of accidental hæmorrhage, 1 of prolapse of cord, 2 cases of Cæsarean section for badly contracted pelvis. Version was performed twice and forceps applied only seven times. There were 3 cases of malformation of infants, viz., one cleft palate and two of talipes, one of the latter also had supplementary toes. The mortality amongst the maternity cases was *nil*.

(2) The number of cases admitted for general diseases was 647; 254 women and 393 children. The total admissions during the year, including both maternity and general cases, were 1,148.

(3) The number of women and children who attended as out-patients on Tuesday for extraction of teeth was 320. Of these 115 had nitrous oxide gas.

(4) The number of attendances of women (special gynæcological out-patients) on Thursdays was 520.

(5) The number of surgical operations performed during the year was 483, with 6 fatal results. The abdominal operations numbered 86 and miscellaneous 397.

(1) The abdominal operations included 21 for appendicitis, all

of which were successful. The following were the more interesting conditions found. In 8 cases the appendix was gangrenous. In 6 it was acutely inflamed, containing faecal concretions, some of which were quite hard. Thread-worms were found in 3 cases and pus in 2. Another was very elongated, measuring seven inches in length, kinked and adherent to the caecum for several inches. In addition to the above number the appendix was removed in 7 other cases, but not shown under operations for removal of appendicitis, as in such cases the operation was for diseased ovaries or Fallopian tubes, to which the appendix was found adherent.

(II) Caesarean section: There were two cases, and in both the mothers and children did well.

(III) Cholecystotomy: In one case twenty gall-stones varying in size were removed, after which the patient made a rapid convalescence.

(IV) Removal of diseased Fallopian tubes and ovaries was performed in eighteen cases; all healed by first intention. One was a case of a large thin-walled unilocular cyst extending as high as the ensiform cartilage, containing ten pints of fluid. The pressure from this caused complete prolapse of the uterus; the fluid was drawn off, the cyst with its pedicles removed, and the uterus was pulled up and fixed to the anterior abdominal wall. There were 9 cases of multilocular cysts of one or both ovaries, 3 cases of tubo-ovarian cysts, 3 cases of pyosalpinx and 2 of tubercular salpingitis.

(V) Supravaginal hysterectomy: There were two cases, one successful, the other died six months later from recurrence of malignant disease.

(VI) Ectopic gestation: There were three cases, and all had ruptured before admission to hospital, where they arrived in a very collapsed condition; the ruptured tube and foetus were removed in each case and all made a good recovery.

(VII) Ventrifixation: There were three cases done for severe prolapse of uterus. One, Mrs. G., was operated on on January 20, 1913, for complete procidentia. She was confined in this hospital on December 23, 1913, and had a perfectly natural labour. Previous to the operation she had not had a child for seven years.

(VIII) Exploratory laparotomy: There were five cases, of which three died; the mortality under this heading is very high, but the cases as under will explain this. One woman, on admission, was extremely collapsed, and complaining of intense pain in the epigastrium, a ruptured gastric or duodenal ulcer was suspected and she was operated on at once, but the case turned out to be one of acute hæmorrhagic pancreatitis, white patches of necrosed fat being dotted over the omentum, and the pancreas was found acutely congested. The peritoneum was so friable that it was with the greatest difficulty the incised portions were brought into apposition. She died eighteen hours later.

Case No. 2 was one of acute general peritonitis, operated on an hour

after admission. The abdomen was partly full of pus, the result of a ruptured pyosalpinx of the right side. The ruptured pyosalpinx tube was removed, the abdomen swabbed out and drained, but the patient died eight hours later.

Case No. 3, Girl E., aged 1 year 5 months, was admitted suffering from suspected tubercular peritonitis. On opening the peritoneum there was a gush of fluid measuring about eight pints. The omentum and intestines were studded with large tubercular nodules; there were four large tubercular masses surrounding the vertebræ. This child died four days later from acute general tuberculosis. The two other cases were operated on for appendicular abscesses, and are not included amongst the operations given above under that head, as the appendices were not removed owing to the fear of breaking down adhesions and setting up general peritonitis. Drainage was used and the cases eventually recovered.

(IX) Intussusception: A child, aged 2, was admitted with the history of passing blood for three days. A large swelling was palpable in the left iliac fossa. The child was very collapsed, so much so that hot salines were given while it was prepared for operation. The "intussusciens" consisted of about twelve inches of ileum and cæcum, including the vermiform appendix. The whole was gently reduced. The bowel was dark coloured but had not lost its gloss. The child died four hours later from shock.

(X) Nephrorrhaphy: Two cases, both successful.

(XI) Of the 397 miscellaneous operations there was only one death, as follows: A baby was brought to hospital when three days old suffering from imperforate anus. A plastic operation was done at once, the rectum found, brought down and stitched to newly formed anus, but the child died a few hours later. Amongst the others were curettage of the uterus, done in 52 cases; 5 operations for mastoid disease; 3 cases of perineorrhaphy; 5 cases of colporrhaphy; 33 radical cures for hernia, etc., etc.

A DESCRIPTION OF THE CYANIDE PROCESS FOR THE EXTERMINATION OF BUGS.

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As a medical officer in charge of troops in South Africa I have on several occasions found it necessary to wage war against the ordinary bed bug. The little pest seems to be particularly fond of the barrack room as a cosy, well-warmed habitat in which to live and breed. The bug seems to be possessed of enormous vitality, and resists all ordinary methods of bringing about his death.

Thorough scrubbing of the whole building with cresol solution, anointing the bedsteads, walls, etc., with paraffin, and fumigating with