to the peritoneum locally and the abdomen was closed with drainage. The patient had soluseptasine and proseptasine for 7 days with other treatment. The stitches were removed on the 8th day and the wound had healed by first intention except where the drainage tube was inserted, which drained pus. The wound was dressed with sulphanilamide. The first 4 days the patient was very ill. But she gradually recovered and was discharged on the 30th day.

Points of interest

1. Classical treatment of packing for incomplete tear would have turned an incomplete tear into a complete one in this case.
2. Abdominal bleeding was more efficiently controlled and the exact extent of damage was estimated. The drainage per abdomen and per vaginam made the puerperium less difficult to treat.
3. Local use of sulphanilamide gave very satisfactory results.

A CASE OF TRAUMATIC APPENDICITIS

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CASES of appendicular disease of all varieties are common enough, and my only justification in reporting the following case, which came under my care as an emergency, is its peculiar history and the current discussion whether trauma can give rise to acute appendicitis. In an editorial in the *Journal of American Medical Association* on 4th June, 1938, it is said that 'the consensus is not only that it can but that the resulting attack is likely to be one of great destructive type, with a clear clinical picture'. The following case corroborates this view :—

A boy, aged 13 years, was admitted into the Sir J. J. Hospital on 21st March, 1941, at 9-30 p.m., complaining that he had been getting severe abdominal pain since 8 p.m. the previous evening.

History.—At 4 p.m. on 20th March while trying to open a door, he fell and was hurt in the right lower part of the abdomen by falling flat on his face on the doorstep. He was quite well till about 7-30 p.m. when he began to feel pain in the abdomen. At first the pain was situated below and to the right of the umbilicus. When he was admitted the pain was generalized all over the abdomen. Since the onset of pain he vomited six times and the bowels had not moved. Also he had not passed urine since the accident. He was catheterized on admission to the hospital but unfortunately the amount of urine was not measured.

There was no history of previous abdominal pain. The child had suffered from roundworms previously and was treated for them. There was no history of appendicitis in the family.

Examination.—The patient looked somewhat ill. The tongue was dry and coated and the pulse rapid—140 per minute. The abdomen was distended and resistant, more particularly in the right iliac fossa, where he was hurt. There was no rigidity anywhere, and shifting dullness was not definite. On auscultation, sounds produced by peristaltic movements were audible and the heart sounds could be heard on abdominal auscultation.

Operation.—The child was prepared for operation and spinal injection of 1 c.cm. stovaine was given.

On palpating the abdomen after administration of the spinal anæsthetic, a lump could be felt on the right side, lateral to and at the level of the umbilicus.

The abdomen was opened through a right paramedian para-umbilical incision. Immediately on opening the abdomen thick yellow pus welled out of the wound. As much of it as possible was removed. On further examination a piece of omentum, brownish black in colour, was found adherent to the cæcum and terminal part of the ileum. This part of the omentum was ligatured and severed from the main body of the omental mass, and it was then easily detached from its adherence to the cæcum and terminal part of the ileum. Underneath it an almost gangrenous and kinked appendix was discovered. The mesoappendix was ligated and cut. The appendix itself was then ligated as near its base as possible, cut distal to the ligature and the stump buried into the cæcal lumen by means of a purse-string suture. As much of the pus as possible was removed by means of a suction apparatus. Two large-bore drainage tubes were inserted through separate stab incisions, one in the right flank and one in the supra-pubic region. The abdominal incision was then closed in layers, leaving a small rubber drain in the lower angle of the wound down to the rectus sheath.

Post-operative progress.—The patient kept getting distension for four days after the operation. This was treated by means of a flatus tube in the rectum, injections of acetylcholine and injections of strychnine, atropine and pituitrin. The superficial drainage was removed at the end of 36 hours and the intra-peritoneal drainage tubes at the end of 96 hours.

Sutures were removed on the 10th day, when part of the wound gaped and discharged pus. A light pack was inserted and six-hourly magnesium sulphate fomentations were applied. The patient was discharged on 5th April with the wound almost healed.

On 15th April the wound was completely healed.

Examination of peritoneal discharge on 28th March showed the presence of gram-positive diplococci, gram-negative bacilli; *B. coli* and *Streptococcus fæcalis* in culture.

Histological examination of the appendix showed 'Diffuse acute inflammation of all the coats. Mucous membrane ulcerated at places. The congestion is intense and there is some evidence of gangrene commencing'.

The patient came to report on 14th July and said that he was quite well.

I am indebted to Dr. M. G. Pradhan, for examination of the peritoneal discharge, and to Prof. P. V. Gharpure, for examination of the appendix.

I must thank the superintendent of Sir J. J. Hospital for allowing me to report this case.

A CASE OF HYMEN IMPERFORATA

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A THINLY-BUILT girl, 20 years of age, was brought to me for the treatment of a 'growth' in her lower abdomen. On enquiring into the history, I found that she had felt some sensation in her lower abdomen every month since her 18th year followed by heaviness, which used to persist, resulting in the gradual formation of a mass in the centre of her lower abdomen. The mass now reached 1½ inches above the symphysis pubis. Her breasts were fairly developed. On palpation the mass was felt to be fluctuating. On vaginal examination the hymen was seen to be thick and tough, forming a complete septum without any aperture. On pressure of the abdominal mass, the hymen bulged out.

Operation.—No sooner was the hymen opened by a crucial incision than a gush of thick, tarry blood flowed out. The flow continued till it nearly filled a small bucket and the swelling automatically disappeared. The hymen was then snipped off and a vaginal douche of lysol was given; this was continued for about a week. The girl had her next menstruation as usual and from then on continued a normal life.