

1910. This case was of the subacute variety, the symptoms having lasted 3 weeks, and consisting of dull pain in the upper abdomen on the left side, made worse by exercise or by eating, and varied by acute exacerbations lasting about an hour. The bowels had acted daily until two days before the case came under observation. Beyond slight fulness and rigidity of the upper abdomen and a leucocytosis of 35,000, nothing could be made out on examination. Whilst under observation the patient was seized with an acute attack of pain in the left upper abdominal quadrant, the pain was constant but attended with paroxysms lasting 10 to 15 minutes. After two hours the abdomen had the rigidity of peritonitis, the patient became intensely pale and the pulse was rapid and thready. Perforation of some viscus was suspected and under the anæsthetic an indistinct mass was felt to the left of the umbilicus. On opening the abdomen much bloody fluid escaped, and gangrene of the upper part of the jejunum was found. The affected portion was resected with its mesentery, and end to end anastomosis was performed. The portion of intestine removed was 4 feet long, and its veins were thrombosed; the middle 2 feet were dark red and a foot on each side was of doubtful vitality. For several days the patient was in a critical condition with a bad pulse, bloody diarrhoea and hæmatomosis, but eventually he recovered.

The rarity of this interesting condition and the great length of gangrenous gut (ten feet) in my case seem to me to justify the publication of the case, although I am unable to add anything to the existing knowledge on the subject. Unfortunately I was unable to investigate the case bacteriologically; one cannot but think that some interesting facts would almost certainly come to light from a complete examination of such a case by bacteriological methods.

A SIMPLE AND CHEAP LITHOLAPAXY EVACUATOR.

By A. J. V. BETTS,

CAPTAIN, I.M.S.,

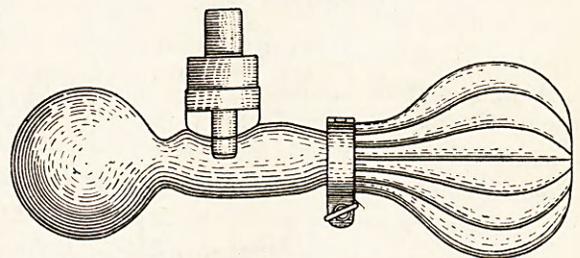
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To those who have had the trouble I have had with the cumbrous, heavy, many-jointed and always-leaking evacuators found in most hospitals where stone crushing is done, I hope the following will appeal:

To first enumerate the many defects of the present-day evacuators. (1) They are heavy, in fact heavy is not the word when one considers one end of the cannula in the bladder and the other end fixed but not balanced to a mass of iron, taps, rubber and glass containing an unnecessarily large volume of water. The two in

my possession weigh 2 lbs. 10 ozs. and 2 lbs. and 6 ozs. respectively. (2) The bulb is not sensitive to the contractions of the bladder, it being usually made of thick rubber and of a greater capacity than required and frequently jointed in two places thereby preventing a proper grasp with the palm of the hand. (3) The numberless joints, metal to metal, metal to rubber and metal to glass, are a great drawback in that with the wear and tear they are subjected to in hospital practice they almost invariably leak. (4) The size of the joint between the cannula and evacuator binds one down to standard sizes. This joint with constant use becomes loose, leaks and causes much annoyance.

Some surgeons may be of opinion that an evacuator can be dispensed with, and I certainly managed for some two months without one, using the bladder itself as an evacuator after what I believe is known as the Hyderabad method, *viz.*, shaking and coaxing the fragments out with the cannula. But I felt the want of an evacuator in getting rid of the last fragments and in satisfying myself by the absence of "click" that no fragments were left behind.



I have now had made for me by Messrs. Down Bros., an evacuator which I find satisfactory in every way, the main points about it being that: (1) It is light and when full of water weighs 1 lb. only. (2) It consists essentially of three pieces, two of rubber and one of glass, all of which parts can be replaced when worn or broken by duplicates which are so cheap that they can always be kept in hand. (3) The rubber corks can be bored to take any size of evacuation cannula. (4) The bulb of 4 ozs. capacity is quite large enough and is made of thin rubber. This enables the palm of the hand to grasp the whole bulb and to estimate accurately the tension of the bladder, a most important point especially in children. (5) The Down's hinged clamping collar shown in the illustration is a useful addition but is not essential as a piece of tape would do. (6) The joint between the cannula and evacuator is resilient and not rigid. There is no difficulty in inserting the cannula into the hole bored in the rubber cork and it is a perfect joint.

To be sure that no fragments are washed back into the bladder it is an advantage to have the

cannula passing right through the rubber cork into the glass chamber, and if the projecting eyelets found on most cannulas are removed this can easily be done. Or a small metal tube can be used passing through the rubber cork as shown in the figure and the cannula attached to it.

The only difficulty one may experience with this evacuator is in filling it with water and expelling all air. With a vessel sufficiently large for its complete immersion and little practice I find one's attendants can easily accomplish this.

To recapitulate the points claimed for this evacuator are its simplicity, lightness and cheapness, its adaptability to both children and adults, and the fact that half a dozen spare rubber corks and one or two spare bulbs can be kept in reserve at a trifling cost rendering the instrument always serviceable.

NEW PATTERN URINAL (FOR USE IN FORTS).

By E. C. TAYLOR,
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GENERAL.

A NEW pattern urinal has been designed for use in the forts in the Tochi Valley. As this

avoiding the necessity of having receptacles full of urine standing about inside.

(e) Which would not be a danger if the fort were attacked.

(f) Which is cheap.

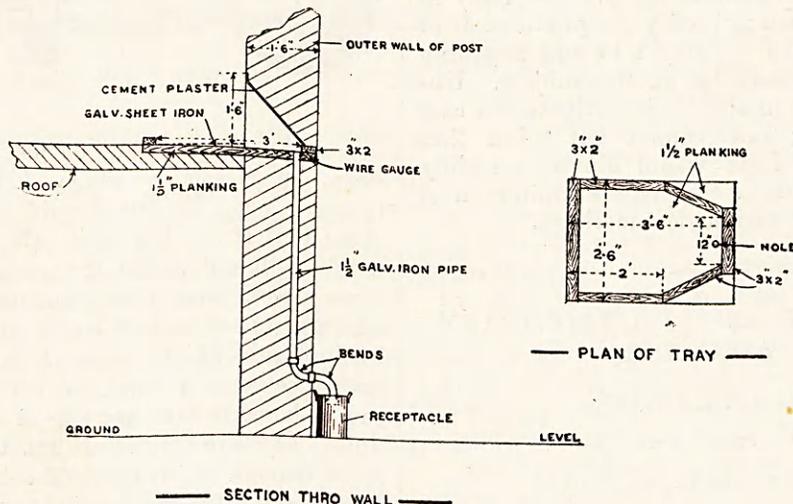
It is claimed that this pattern fulfils these conditions.

GENERAL DESCRIPTION.

The urinal, as may be seen from the drawing, consists of a tray of galvanized iron sheet fixed on to a wooden base. This is placed on the same level as the roof from which the men urinate and is let into the outer wall of the fort until its outer edge is flush with the exterior of the wall.

A few inches from its outer edge there is a hole in the tray about one inch in diameter. Closing this hole, and placed between the iron sheet and the wooden base is a small piece of wire gauze. A 1½ inch diameter galvanised iron pipe is then let into the outer face of the wall until it is slightly sunk in it, and is then screwed into the wooden base immediately below the hole in the iron sheet.

At the bottom of the pipe two right-angled bends are attached and beneath the end of the lower bend a receptacle is placed. The pipe is then plastered in with mud until the wall is flush. The surface of the wall round above the urinal is cement plastered.



type would be equally useful in any other fort, a short description is given.

The problem was to obtain a urinal.

(a) To be placed on the roof of the ground floor.

(b) Which the men would use in preference to a loophole or purnala.

(c) Which would not spill.

(d) From which the urine is conducted at once outside the outer walls of the fort, thus

COST.

(In Miranshah Post, Tochi Valley.)

	Rs. A.P.
1½ inch galvanised iron pipe* 11 ft. @ As. 8† per ft. ...	5 8 0
1½ " " " bends 2 ft. @ As. 14† each ...	1 12 0
Wood work 44 c. ft. @ Re. 1-10 per c. ft. ...	1 2 4
1½ inch planking 8 75 sq. ft. @ As. 4 per sq. foot ...	2 3 0
Galvanised sheet iron 12 sq. ft. @ Rs. 35 per 100 sq. ft. ...	4 3 2
Labour—Job ...	4 8 0
Materials—Job ...	1 11 6
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	Rs. 21 0 0

* Depends on height of wall.
† Rate includes carriage.