due to his peculiar method of locomotion. Later he developed delusions of suspicion, became somewhat unmanageable, and was finally brought to the almshouse.

Chicago, Illinois.

A CAUTION AGAINST THE USE OF KEROSENE IN THE TREATMENT OF PEDICULOSIS CAPITIS.

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ONE of the most convenient methods of treating pediculosis capitis is by rubbing the scalp and hair with kerosene. It instantly destroys the lice, it loosens the nits, and it soothes the cutaneous irritation. The recent death from burns consequent on the spontaneous ignition of hair that was being rubbed after the application of a hair-wash consisting principally of kerosene makes it necessary, however, to reject the use of kerosene as a parasiticide lotion to the hair. It appeared from the inquest in the above-mentioned case that the ignition of the hair was unquestionably not brought about by any naked light; and Lord Kelvin suggested (in a letter to the *Times*) that an explosive mixture of air and kerosene vapour having formed in the interstices of the hair this mixture was then ignited by an electric spark formed by friction of the hair. It is evident that no amount of care could guard against the repetition of this accident when kerosene was being applied to the hair.

Nagasaki, Japan.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON TEMPERANCE HOSPITAL.

A CASE OF RUPTURED PYOSALPINX CLOSELY SIMULATING PERFORATION OF THE APPENDIX; NECROPSY.

(Under the care of Dr. SOLTAU FENWICK.)

THE difficulties of diagnosis in cases of localised peritonitis are very great, not with regard to the fact of peritonitis but with regard to the cause, and in the following case the pain situated in the hypogastric and right iliac regions was very suggestive of perforation of the vermiform appendix, but the pelvic signs pointed strongly to a pelvic origin of the disease. From the post-mortem examination it was obvious that there had been an attempt to localise the peritonitis, but this had failed and a general infection of the peritoneum had resulted. The commencement of the pyosalpinx probably occurred at the parturition twenty-one months before admission to the hospital.

A woman, aged thirty-nine years, was admitted into the London Temperance Hospital on Oct. 6th suffering from abdominal pain. The patient stated that she had been in good health until her second confinement twenty-one months previously, after which she was laid up for five weeks with "inflammation of the bowels." Since her recovery from that complaint the catamenia had appeared every fortnight, but she had never suffered from constipation, abdominal pain, or dyspepsia. Ten days before admission, while apparently in perfect health, she was seized with vomiting, which continued throughout the night and part of the next day. Under the impression that she was bilious she took a couple of pills which acted freely on the bowels. In the evening, however, she was suddenly attacked by severe pain in the abdomen. For the first few hours the umbilical and right iliac regions were the chief seat of the suffering, but subsequently the pain became diffused over the whole abdomen, and at the same time she felt feverish and thirsty. When admitted to the hospital the patient had the appearance of being extremely ill. The face was flushed and the

tongue was furred; the pulse-rate was 112 and the temperature was 102.8° F. A liquid and offensive motion was passed soon afterwards, and several ounces of yellow bile were vomited. The tongue was moderately furred but moist, and the urine, which was voided without pain, contained a trace both of sugar and of albumin. On examination the lower half of the abdomen was found to be slightly distended and somewhat tender on pressure. The pain was chiefly referred to the hypogastric and right iliac regions, but neither tumour nor sense of resistance could be detected, while the percussion note was uniformly tympanitic. On vaginal examination the uterus was found to be rather low in the pelvis, and firmly fixed in the median line as though set in plaster-of-Paris. The finger inserted into the rectum encountered the same sense of resistance when pressure was made in a lateral direction, but no bulging or tumour could be felt, nor did the examination cause the patient undue pain. The other organs of the body were apparently normal. In view of these physical signs pelvic peritonitis was diagnosed, and the patient was ordered small doses of opium, while the abdomen was frequently fomented. On the following morning (the 7th) she appeared to be considerably better. The temperature had fallen to a point slightly over 101°, the pulse and respiration had diminished in frequency, and little complaint was made of abdominal pain. On the 8th the temperature had fallen another degree, the pain was less troublesome, while in response to an enema a considerable quantity of faecal material had been evacuated. The abdomen was still somewhat distended inferiorly, and pain was experienced on deep palpation over the region of the cæcum. There was no dulness on percussion over this part, nor could any localised fulness or tumour be detected by the finger in the rectum. After remaining in about the same state for two days the patient became markedly worse. The vomiting recurred and an access of pain in the lower part of the abdomen was complained of. The temperature rose to 103.4° and the pulse varied between 112 and 120. The abdomen was now found to be uniformly distended, and pressure over the right iliac region gave rise to pain and nausea. Comparative dulness on percussion was detected over the position of the cæcum, but there was neither swelling nor sense of resistance there or in the loin. Taking into consideration the gravity of the general symptoms, with the increased distension of the abdomen and the development of comparative dulness on percussion over the cæcum, it seemed probable that there was a collection of pus in the right side of the pelvis which was making its way behind the cæcum and coming forwards between that organ and the abdominal parietes like an ordinary perityphlitic abscess. A consultation was consequently arranged with Dr. W. J. Collins, who agreed to perform an exploratory operation early the following morning. Unfortunately, however, a few hours later the patient was attacked with collapse and rapidly succumbed.

Necropsy.—The small intestines were found to be greatly congested and spotted with flakes of lymph. On lifting the integuments covering the right iliac fossa and drawing the cæcum inwards a quantity of pus made its escape from beneath the bowel. On further examination a cavity containing about five ounces of pus was found to occupy the upper part of the right half of the pelvis, the internal wall of the sac being formed by the uterus and numerous old adhesions existing between that organ and the other pelvic viscera; while its upper boundary consisted of several adherent coils of small gut. Hanging in the middle of the abscess cavity was a well developed and perfectly healthy vermiform appendix. In close proximity to it was a pyosalpinx of the right Fallopian tube resembling a small walnut in size and shape, the rupture of which was responsible for the pelvic inflammation.

LIVERPOOL NORTHERN HOSPITAL.

A CASE OF ACUTE GENERAL SUPPURATIVE PERITONITIS TREATED BY LAPAROTOMY; RECOVERY.

(Under the care of Mr. CHAUNCEY PUZEY.)

IN THE LANCET of Oct. 9th, 1897, p. 916, we published a case of acute general peritonitis under the care of Mr. Leonard Gamgee in which recovery followed the washing out of the abdominal cavity, and a fair number of cases are now on record in which this treatment has proved successful; but the mortality must always remain high for many of the