it was so plentiful that the child could not but be considered as very syphilitic, and yet it was certainly the reverse of syphilitic, judging from its general state and special local phenomena. The rash was definite and uniform in character, not multiform, as in syphilis. It was papular throughout its course, and the papules were characteristic of lichen planus; they were dull red in colour, angular at base, flat and shining at their apices, each with a central puncture, and patches were formed by the crowding together of the papules.

It is rare to see the disease in so young a child, and it is an important matter to recognise the disease, lest an anti-syphilitic treatment be adopted in such a case.

The disease begins as a vaso-motor disturbance of the deep part of the hair-follicles, which is followed by hyperplasia of the cell-elements of the root-sheath. It indicates defective nutrition from defective nerve-power, and the treatment consists in free inunction of oil, to diminish the hyperæmia and soothe the skin, and internal tonics, especially good food and iron, with diuretics should the skin be very hyperæmic over a large extent of surface.

The disease in this case was diagnosed as papular eczema by a foreign medical man of some distinction, who was present when the child came to me. Herein is another instance of what I have repeatedly said in print, that under the term eczema the most diverse things are classed. An American physician who was present when the child was under examination on one occasion, and whose opinion is entitled to considerable respect, informed me that the case would have been regarded as syphilitic at Vienna. I have given my reasons why it is not syphilitic, and pointed out how it exactly corresponds to the description in all particulars of lichen planus; and if my informant be right, the dermatologists of Vienna have yet to learn what lichen planus, especially in a child, is. As showing that Hebra and others have yet to recognise English forms of skin disease, I may mention further that this same gentleman saw several cases of *contagious impetigo* which happened to present themselves amongst my out-patients at University College Hospital, and having satisfied himself of its distinct and peculiar features as a separate disease, and by inoculation of himself, he informed me that the disease which I showed him was not that which Hebra and others at Vienna recognised as *impetigo contagiosa*, but that these gentlemen seem to regard severe *impetigo* of the face as my *impetigo contagiosa*; but I have in the clearest manner pointed out that the disease consists essentially of distinct isolated vesico-pustules, and not patches. I again urge the necessity of remembering that diseases vary in aspect in different countries, and that the German text-book cannot be taken as an exact guide to English skin diseases, nor will an English text-book afford true descriptions of typical instances of disease as seen abroad.

The child rapidly recovered under the influence of steel wine and the free use of linimentum aquæ calcis externally.

RESULTS OF THIRTY-FOUR CASES OF GASTROTOMY, PERFORMED WITH A VIEW OF EXTIRPATING TUMOURS HAVING THEIR SEAT IN THE EPIPLOON, MESEN- TERIES, BROAD LIGAMENTS, PERITONEUM, SPLEEN, OR PELVIS.

BY M. J. PÉAN,
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(From Notes translated by WILLIAM E. ROWLATT.)

THE following are the notes of all the operations of gastrotomy performed by M. Péan since the 20th February, 1868, to the 31st December, 1875, excepting those done with the object of removing tumours from the ovaries and the uterus. Some of them were performed owing to slight errors of diagnosis as to the seat of the tumour. Observation 35 is a case of complete extirpation of the spleen for a cyst which was developed upon that organ, and presents great interest owing to the rapid recovery of the patient, who is alive at the present moment, nine years after

the operation, and the fact of this case being unique as far as we are aware.

CASE 1.—February 20th, 1868. Multilocular cyst of the broad ligament of the right side; general vascular adhesions; short pedicle. The surface of section of the pedicle cauterised; eight ligatures. Death from exhaustion.

CASE 2.—Multilocular cyst of broad ligament, resembling a fibro-cystic tumour of the uterus by the breadth of its pedicle; no adhesions. Removed in pieces, followed by cauterisation; several ligatures; tube left in the pelvis. Weight 18 kilogrammes. Death from pelvic peritonitis.

CASE 3.—November 5th, 1872. Abdominal tumour mistaken for an ovarian cyst. Punctured twice; exploratory incision followed by a flow of twenty litres of ascitic fluid. The bowels, with the epiploons and the peritoneum, were injected, and were bound together by firm adhesions. Recovery.

CASE 4.—June 19th, 1873. Areolar cyst of the broad ligament. Adhesions formed with mesentery, intestines, uterus, and abdominal walls; weight seventeen and a half kilogrammes; contained twenty litres of viscous liquid. Three different portions of the tumour which were excessively adherent were drawn together to form a pedicle, and were allowed to suppurate. Recovery.

CASE 5.—June 24th, 1873. Multiple cysts of the mesentery and great epiploon. Largest contained eighteen litres of blood-stained liquid; several were joined to the principal cyst by pedicles; general pelvic adhesions. Anterior surface adherent to great epiploon, which was partially separated from the cyst; the remainder was ligatured and excised; while the part which had been separated was replaced in abdomen; several ligatures. Recovery.

CASE 6.—August 19th, 1873. Unilocular cyst of the left broad ligament; adhesions with uterus. Contained twenty-seven litres of serous liquid. Tube left. Treated by sup-pur-ation. Recovery.

CASE 7.—August 28th, 1873. Multilocular and areolar cyst of left broad ligament. Contained five to six litres of sero-purulent liquid. The areolar portion of the tumour presented an aspect of encephaloid cancer. Adhesions with peritoneum, intestines, epiploon, and above by a strip with the inferior surface of the liver. Tumour extirpated by segments. Weight of whole mass, 1790 grammes. Death from peritonitis on seventh day.

CASE 8.—Sept. 25th, 1873. Multilocular cyst of right broad ligament; adhesions with uterus. Patient very weak; suffers from asthma. Weight of tumour, 2100 grammes; contained sixteen litres of liquid. Death from asthma on the fourth day.

CASE 9.—Oct. 16th, 1873. Multilocular cyst of left broad ligament; adhesions with epiploon, intestines, and uterus; latter organ greatly hypertrophied. No pedicle. Several ligatures. Suppuration. Weight 1275 grammes. Seventeen litres of liquid. Recovery.

CASE 10.—Dec. 11th, 1873. Areolar cyst of left ovary and broad ligament. Punctured once before operation; gave forty-eight litres. Uterus, greatly hypertrophied, was propelled through incision by tumour which occupied the whole pelvic cavity. The tumour was destroyed in two portions. The fundus of the uterus was amputated. Tube passed through vagina, passing out through the wound. Several hæmostatic plugs were left in the wound. Recovery.

CASE 11.—Jan. 6th, 1874. Fibro-cystic tumour occupying the pelvic cavity, and adherent to the mesentery. Contained several fragments of bone resembling the human skeleton; taken out in segments. Pedicle treated by sup-pur-ation. Recovery.

CASE 12.—Jan. 8th, 1874. Cyst of left broad ligament; adhering in front to abdominal wall, and behind to intestines; nine litres of liquid; pedicle ten centimetres in breadth. Left ovary was included in the wall of the tumour. Recovery.

CASE 13.—Jan. 15th, 1874. Cystic cancer of the pelvis. Twelve litres of purulent matter withdrawn. Numerous adhesions with intestines. Treated by suppuration. Death.

CASE 14.—Jan. 28th, 1874. Cancerous tumour of pelvis. Fifteen days before operation thirty litres of greenish gelatinous liquid withdrawn. Several cancerous tumours were found dispersed in the peritoneum. Wound closed. Death.

CASE 15.—Feb. 5th, 1874. Multilocular cyst of right broad ligament; areolar in its inferior portion; situated

beneath liver and in epigastrium; vascular adhesions with mesentery and uterus. Eighteen litres of liquid. A portion of the tumour was formed into a pedicle, and drawn down to the inferior extremity of incision; remainder was tied with a portion of mesentery. Recovery.

CASE 16.—Feb. 26th, 1874. Cyst having adhesions with ovary and broad ligament and pubis. Sixteen litres of blood-stained liquid withdrawn by puncture. A large areolar portion of the tumour was adherent to the broad ligament by a large pedicle. This portion was suppurating. Adhesions with intestines; while trying to destroy these, a small opening was made into the intestine. Pedicle was ligatured. Death from peritonitis.

CASE 17.—March 24th, 1874. Cancer of the iliac fossa; adhesions with mesentery and peritoneum. Suppuration. Death.

CASE 18.—April 12th, 1874. Hæmatic cyst of the left broad ligament; no adhesions; traces of anterior peritonitis. Thirteen litres of greenish, serous liquid. A portion of the tumour was enucleated; the remainder was treated by suppuration. Recovery.

CASE 19.—May 10th, 1874. Unilocular cyst of left broad ligament; general adhesions with epiploon and bladder. After destroying the adhesions with the bladder, there was some difficulty met with in replacing this organ in the abdomen. The portion of the tumour adhering to the broad ligament was left. Seventeen litres of liquid withdrawn. Death from peritonitis.

CASE 20.—August 11th, 1874. Cyst developed in the right broad ligament, pushing a portion of the mesentery in front with the intestines dependent on it. Bladder pushed downwards by tumour. General adhesions. Five ligatures. Seventeen litres of liquid. Pedicle treated by suppuration. Recovery.

CASE 21.—August 18th, 1874. Multilocular and areolar cyst of left broad ligament; general adhesions with abdominal wall, epiploon, and intestines. One large sac was punctured, and gave twenty litres of purulent liquid. Six ligatures made in the peritoneum and mesentery. Enucleation was very difficult. Pedicle was very large. Treated by suppuration. Death from shock.

CASE 22.—Nov. 5th, 1874. Cyst of left broad ligament. No adhesions. Peritoneum was separated from the tumour, and the whole mass was taken away. A portion of peritoneum was drawn towards the wound. Ten litres of liquid. Recovery.

CASE 23.—Dec. 1st, 1874. Multilocular cyst of left broad ligament. Recent adhesions formed on its anterior surface; older ones behind with epiploon and intestines. There were also some adhesions with the uterus. Eighteen litres of liquid. Treated by suppuration. Death from cerebral symptoms on third day.

CASE 24.—Dec. 13th, 1874. Multilocular cyst of left broad ligament, containing nineteen litres of serous liquid. Treated by suppuration. Death from peritonitis.

CASE 25.—Jan. 28th, 1875. Cyst of the left broad ligament, containing a purulo-gelatinous liquid. The broad ligament was incised in order to attain the deep portion of the tumour, which was areolar in its structure. Treated by suppuration. Recovery.

CASE 26.—Feb. 2nd, 1875. Areolar cyst of left broad ligament; adhesions with mesentery, intestines, and uterus. Incision of broad ligament; enucleation. Treated by suppuration. Death on second day from peritonitis.

CASE 27.—April 20th, 1875. Cancerous tumour of mesentery and pelvis, resembling an areolar cyst. Death.

CASE 28.—May 4th, 1875. Cyst of the right broad ligament; no adhesions; small pedicle. Treated by suppuration. An abscess opened into bladder. Recovery.

CASE 29.—Sept. 14th, 1875. Multilocular cyst of right broad ligament, containing nineteen litres of serous liquid; adhesions with abdominal wall and epiploon. Treated by suppuration. Recovery.

CASE 30.—Sept. 28th, 1875. Cyst of left broad ligament, containing twelve litres of purulent liquid; adhesions with uterus. Five ligatures. Recovery.

CASE 31.—October 25th, 1875. Areolar cyst of left broad ligament and mesentery; intestines were pushed forwards. Enucleation was extremely difficult; portion of peritoneum was drawn forward and applied to the wound. No pus. Drainage tube passed through vagina. Death from acute peritonitis.

CASE 32.—November 11th, 1875.—Cystic cancer of the pelvis, situated behind the uterus. Death.

CASE 33.—December 14th, 1875. Cystic cancer of left iliac fossa. Adhesions with ovary, uterus, and bladder. Death.

CASE 34 (splenotomy).—September 6th, 1867. Cystic tumour of the spleen, which was greatly hypertrophied. Surface of tumour was very vascular. Several portions of the spleen were ligatured and taken away with portions of the tumour; remainder taken away with pedicle, and surface of section cauterised with hot iron. Peritoneum was washed; weight 1140 grammes. Five litres of liquid charged with leucocytes and cholesterine. Recovery.

EPIDEMIC AMONG CATS IN DELHI, RESEMBLING CHOLERA.

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DURING the year 1875 Delhi, in common with many other parts of the Punjab and North-West Provinces, suffered somewhat severely from cholera. The disease made its appearance in the city in the beginning of May, but it showed little tendency to spread till after the middle of July, when it gradually increased up to about the end of August, and then gradually declined again till towards the end of September, although it did not finally disappear till near the end of November.

On the 19th of August, when the epidemic had nearly reached its height, it was casually brought to my notice that a fatal disease of some kind was also prevalent among the cats in the city, and that they were literally dying in scores. On inquiry, I found that the disease was attended with severe vomiting and purging, and that it was sometimes fatal in the course of a few hours. Through the kindness of Captain Ewart, District Superintendent of Police, I ascertained that the disease had been prevalent for some time before I heard of it, and that it was not confined to any particular quarter, but that large numbers of dead cats were every morning picked up in all parts of the city. To complete the history of the epidemic, I may briefly add that the disease was not known to extend beyond the walls of the city; that it gradually declined, and finally disappeared about the 20th September; and that the number of cats carried off by it, estimated from the number carted out every day along with the street sweepings, was over five hundred—a very heavy mortality, considering the probable feline population of the city.

For several successive mornings from twenty to thirty of the dead cats were brought to me for examination, and I was surprised to find that the post-mortem appearances closely resembled those in the human subject after death from cholera. The cats had all a pinched appearance, with eyes sunk in their sockets; both thoracic and abdominal organs seemed to occupy less room than natural; the intestines, in nearly every case, were found to contain no solid fæces, but were filled with a thin fluid like rice-water, without a trace of the colouring matter of the bile, although on one or two occasions it was tinged of a slightly pink colour. The intestines were examined from one end to the other, but no trace of ulceration was found, and only in one or two was there any appearance of congestion. In nearly all which were examined were found intestinal worms. These seemed to be of two kinds—namely, a round variety, fully an inch long; and a kind of tapeworm. The former was generally to be met with in the stomach, and seldom in the intestines; and occasionally, though not always, it was found associated with the tapeworm. The liver varied in appearance, but was generally of a flabby consistence. The gall bladder was full; the urinary bladder, as a rule, though not invariably, empty; the spleen healthy; the kidneys generally much congested. The lungs seemed shrunk away towards the spine, and did not nearly fill up the cavity of the thorax; but this condition I afterwards found in two cats which had died from other diseases. The heart had