healed, an ordinary glycerine enema syringe was passed daily, and a teaspoonful of olive oil injected therewith. By this means a daily action through the new opening was induced, and the tendency to contraction at the same time counteracted. Subsequently, as the child grew and thrived, pewter bougies, the sizes of Nos. 12, 14, 16 catheters, were made two inches and a half long, and used to dilate the orifice *pari passu* with the child's growth. The ends were made bulbous, and slightly larger than the waists, so that they might be the more easily retained for a time. The vaginal opening still persists, but, being small, it is rare for any faeces to find their way through it. Anal control is very good; both the sphincter and levator ani muscles apparently act quite perfectly. The child is now sixteen months old, and in good health.

Brighton.

A DIFFUSE ERYTHEMATOUS RASH, PROBABLY DUE TO QUININE.

BY ASHLEY LEGGATT, M.D. EDIN.

THE following case is, I think, worth recording. On Sunday, Aug. 31st, I was sent for by a patient who had been under my care for a fortnight with an ulcerated leg. Two days before I had prescribed forty-five minim doses of Easton's syrup, and he said that the tonic I had given him "had brought him out as red as a lobster." On my arrival I found the patient covered with a diffuse erythematous rash, the only part of the body which had escaped being the toes and the palms of the hand. The ears were much swollen, and here the rash was distinctly vesicular; some of the vesicles had broken and covered the pillow with the discharge. The eyelids, hands, elbows, and knees were also slightly swollen, but in spite of the intensity of the cutaneous inflammation there was little or no constitutional disturbance, though the patient had been kept awake all night by the burning and itching. No indiscretion in the diet could be discovered to account for it, and the patient seemed quite certain that the quinine in the Easton's syrup was the cause, as nine years ago three doses of quinine prescribed by a medical man had produced exactly the same symptoms. On the present occasion the patient felt a burning and flushing of the face after taking the first dose, but thought nothing of it, and it was only after the second dose, when the above symptoms were greatly aggravated, that he remembered his experience of nine years ago, and looked at the prescription to see if it contained quinine. The rash lasted for a week and disappeared gradually, the face and upper extremities being the last to show traces of it. The previous attack of erythema following the administration of quinine renders it more than probable that the present attack was due to this ingredient of the syrup. I can find no record of any of the other ingredients ever producing a similar rash. I have thought the case worth recording, as Dr. Pye-Smith in Fagge's Medicine says it is a very rare effect of so popular a medicine, and also on account of the vesicular character of the rash, which, according to the above authority, is rarer still.

Walton-place, S.W.

THE CREMATORIUM AT WOKING. — By invitation from the Cremation Society of England nearly 100 members of the Association of Public Sanitary Inspectors visited this crematorium on Saturday, Sept. 27th. Sir Spencer Wells, Dr. B. W. Richardson, Capt. W. H. James (chairman of the Sanitary Committee of the London County Council), and other gentlemen were present. The secretary of the Society conducted the assembled company to the crematorium, a plain brick edifice, containing a roomy chapel in which the burial service is read, and opening from that is the entrance to the furnace, which on this occasion was used for the incineration of the body of a sheep. The body deposited an adjournment to the chapel took place, when Sir Spencer Wells welcomed the visitors. Dr. Richardson followed, and urged cremation on hygienic grounds in preference to the earth-to-earth system as the best means of disposing of the dead. The secretary stated that since the beginning of the present year there had been thirty-eight cremations at Woking, as compared with only 100 in the thirteen years which preceded it.

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. Prooemium.

GREAT NORTHERN CENTRAL HOSPITAL.

A CASE OF ULCERATION OF THE VERMIFORM APPENDIX;
NECROPSY; REMARKS.

(Under the care of Dr. SYERS.)

WE give below an account of a case of acute diffuse purulent peritonitis secondary to perforation of the appendix vermiformis, which unfortunately terminated in death, as such cases are only too likely to do. This form of peritonitis is admittedly one of the most fatal of peritoneal inflammations, even when the history of the case is clear and the symptoms such as to lead the physician to a correct diagnosis of the disease. Sometimes, as in the following case, instead of the acute onset and rapid course with which we are familiar, the attack is preceded by a sensation of uneasiness and some pain in the region of the appendix, but this may not be sufficient to compel the patient to cease working or cause anxiety to the medical attendant. As nothing but early operative treatment is likely to be successful in averting a fatal termination, it is of great importance that all information, such as that obtained from the publication of the records of unusual examples of this form of peritonitis, should be afforded the profession. Dr. Musser,¹ in a paper last year, reported nineteen cases of acute peritonitis which recovered without operation. Of these he considered that eleven were due to perforation of the appendix; this, however, must remain doubtful. Dr. W. Pepper² lays stress on rectal examination in these cases. He writes: "The moment that by rectal exploration we are able to detect the slightest fulness in the caecal region laparotomy should be performed," but admits that rectal examination may reveal no change, as in a case under his care where there was nothing abnormal to be felt eighteen hours before death. Dr. Lydstone³ of Chicago has recently advocated early operative interference in cases of peritonitis, especially in the so-called fulminant attacks, and those which, although less acute, resist ordinary measures of treatment. There have been undoubted successes obtained by laparotomy and irrigation of the peritoneal cavity, few better than attended a case under the care of Dr. Barlow and Mr. Godlee.⁴ We cannot enter fuller into a consideration of this subject, but refer our readers to papers which we have already published.⁵ For the following notes we are indebted to Mr. Peyton T. B. Beale.

H. T. C., aged twenty-one, a butcher, walked into the Great Northern Central Hospital on Aug. 24th, 1890, complaining of slight pain in the epigastric region of the abdomen. His history was as follows. He had complained of very slight abdominal pain on stooping for about a week. He worked up to the evening of Aug. 23rd (assistant in a butcher's shop), but complained of abdominal pain, and went to bed at 9 P.M. He vomited three times during the night. On the morning of the 24th he got up, vomited once, and came to the hospital. He then looked perfectly well. Tongue furred; temperature 101°. He complained of pain in the abdomen, and tenderness on pressure over the hypogastric region. Pulse 90, full and compressible. Heart and lung sounds normal. He was admitted, put to bed, and given milk and beef-tea diet. His urine, drawn off by catheter, was loaded with urates, otherwise normal. A simple enema produced a copious action of the bowels. In the evening of the same day (24th) he had pain in the right hypochondriac

¹ University Med. Magazine, February.

² Med. and Surg. Reporter, 1887, vol. ii., p. 700.

³ THE LANCET, vol. ii. 1890, p. 138.

⁴ Clin. Soc. Reports, vol. xix.

⁵ Dr. Goodhart, THE LANCET, vol. i. 1887, p. 461. Dr. H. W. G. Mackenzie, THE LANCET, vol. ii. 1888, p. 1116.