yet, even in the presence of so many white corpuscles (a proportion of one white to five reds), the error of 108,000 in the reds as compared to the Thoma-Zeiss count, is not of very serious moment, such a difference not being of the rarest occurrence in the counts of two average observers on the same blood. In the other case of leukemia, lymphatic in character, where the whites were present to the extent of 102,400, the hemocytometric reading showed a disagreement of only 76,000. In cases with no pathological increase of the leucocytes the greatest difference in the results was 74,000, the smallest 4,000 and the average about

diagnosis of appendicitis made by Dr. Beattie. At 12 o'clock midnight the pain was less on account of opiates, but the area of pain had extended. Temperature 102½°, pulse 112. The pain caused so much rigidity and spasm of the abdominal muscles that now a thorough examination could not be made. I saw the patient with Drs. Beattie and Hall at 8 A. M. At 9 A. M. I made operation, assisted by Dr. Beattie. Ether was administered by Dr. Hall. An incision an inch long was made over the normal site of the appendix and in a line which followed the trend of the fibres of the external oblique aponeurosis. The

No.	Diagnosis.	Thoma-Zeiss Red Count.	Hemoeytometer Reading = Red Corpuscles.	Remarks.
1	Pernicious anemia.	1,704,000	32 per cent.	1,700,000
2	Debility (?).	4,368,000	87 "	4,350,000
3	Normal.	4,626,000	92 "	4,600,000
4	Leukemia.	2,492,000	52 "	2,600,000
5	Pleurisy.	4,734,000	95 "	4,750,000
6	Gastric cancer.	2,579,000	51 "	2,550,000
7	Syphilis.	4,428,000	90 "	4,500,000
8	Secondary anemia.	2,632,000	52 "	2,600,000
9	Pernicious anemia.	1,178,000	24 "	1,200,000
10	Lymphemia.	3,726,000	73 "	3,650,000
11	Normal.	5,024,000	99 "	4,950,000
12	Pernicious anemia.	2,907,000	59 "	2,950,000
13	Normal.	5,136,000	102 "	5,100,000
14	Pernicious anemia.	2,934,000	59 "	2,950,000
15	Debility (?).	4,784,000	96 "	4,800,000
16	Normal.	5,000,000	99 "	4,950,000
17	Pernicious anemia.	1,596,000	32 "	1,600,000
18	Debility (?).	4,584,000	92 "	4,600,000
19	Chlorosis.	3,583,000	71 "	3,550,000
20	Gastric cancer.	4,080,000	81 "	4,050,000
21	Secondary anemia.	4,120,000	82 "	4,100,000
22	Normal.	5,472,000	109 "	5,450,000
23	Gastric cancer.	4,120,000	82 "	4,100,000
24	Debility (?).	4,824,000	96 "	4,800,000
25	Pernicious anemia.	1,976,000	40 "	2,000,000
26	Raynaud's disease.	3,486,000	70 "	3,500,000
27	Chlorosis	4,264,000	85 "	4,250,000

35,000. Even granting that the Thoma-Zeiss count was absolutely correct in each instance, this average discrepancy of 35,000 on the part of the hemocytometer would only imply an error of considerably less than one per cent. in the enumeration of 5,000,000 red corpuscles, and certainly this is so small as to be of no significance. In many cases, as stated before, the hemocytometric observations were made twice within a very short interval and in every instance the two readings were identical, a consistency not expected and rarely found in enumeration by the Thoma-Zeiss method.

Clinical Department.

DIFFUSE PERITONITIS FROM ACUTE APPENDICITIS IN A GIRL AGED THIRTEEN YEARS; OPERATION; RECOVERY.

By J. COPLIN STINSON, M.D., C.M., SAN FRANCISCO, CAL.

J. R., age thirteen, a thin, nervous child, although never sickly, was seen by Dr. D. A. Beattie, of Santa Clara, July 13, 1899. She had been acutely ill for thirty hours, complained of severe pain over the right side and tenderness over the whole abdomen, temperature 103½°, pulse 128. On his second visit at 3 P. M., temperature was 103, pulse 122. Ice bags were continuously applied and small doses of the mild chloride and salol given. At 6 P. M. Dr. J. U. Hall, of San Jose, was called in consultation and confirmed the

subjacent muscles were separated in the direction of their fibres and the peritoneum opened. Pus at once escaped freely. The index finger of right hand was introduced, but no adhesions could be detected. The incision was enlarged and now measured about two and one-half inches. The pus was sponged and washed away and the abdominal cavity further examined. A large mass of inflamed, thickened omentum covered with pus was brought to the surface. The appendix was gangrenous, bound down by fresh adhesions, contained two large concretions, but there was no perforation; the cecum was inflamed and sloughy. All intestines in sight were inflamed and covered with fibrin and pus. Pus escaped from the pelvis, the left and right sides of the abdomen. All pathological intestines, till normal bowels were freely seen and handled, were withdrawn from the abdominal cavity to the surface and covered with hot towels. The infected portions of the abdominal and pelvic cavities were freely irrigated with water, hot as the hands could bear, and all shreds and fibrin, etc., removed from the peritoneal cavity. The pathologic omentum was excised. The omentum was spread out, the vessels in it were tied with fixation ligatures of fine chromicized catgut and the omentum cut off external to the tied vessels. No mass ligatures were used. The mesentery of the appendix was separated by dissection well down to the cecum, a bleeding vessel was clamped and ligated with fine chromic catgut, after which the cut edges of the mesentery were approximated with continuous catgut sutures.

The appendix was held up by the tip, and after dividing in a circle its peritoneal and muscular coats about one-quarter of an inch from the appendico-cecal junction, leaving the lymphoid and mucous coats uncut, the divided layers were dissected back to the cecum and a narrow-bladed lock forceps was applied transversely to the lymphomucous cylinder, close to the cecum to temporarily close its canal. The appendix was cut off close to the forceps, leaving only a small cuff of mucus membrane, etc., protruding beyond the outer edge of the forceps. The cuff was cleansed with moist gauze and the cut edges of the mucous and lymphoid coats were united with a single layer of continuous fine chromic catgut stitches, after which the forceps were removed. Several continuous sutures were also used to approximate the peritoneal and muscular coats, but the latter stitches did not hold as the layers were very soft. All pathologic and exposed intestines were freely irrigated with hot water; all visible pus, shreds, plastic fibrin, fibrinous exudate, etc., on the surface of the bowels, etc., were removed with the fingers and gauze pads. The infected portion of abdominal cavity, intestines, etc., were again thoroughly flushed with hot water till the fluid came away clear, dried with sponges and the intestines returned within the abdomen to as near as possible their normal positions.

The peritonitis was a spreading or diffuse infection without the formation of protective adhesions and (as near as could be estimated during a very hurried and critical operation) involved the appendix, the cecum, the lower one-half of the ascending colon, over seven feet of the ileum, the adjacent omentum and the parietal peritoneum extending from the infected viscera.

The inflamed, sloughy surface of the cecum, the line of sutures at the former site of appendix and the adjacent parietal peritoneum were lightly covered with aristol. The upper angle of the wound was closed with several medium-sized continuous chromicized catgut sutures. No more suturing was done, as the patient was in a weak condition and I did not wish to further prolong the operation.

The balance of the wound was consequently left open and lightly packed with borated gauze strips each two inches wide. A strip was carried down to the posterior abdominal wall between the ascending colon and the lateral wall; a second between the cecum and the lateral wall, a third between the inner surface of colon and other adjacent coils, a fourth between the inner surface of cecum and adjacent viscera, and a fifth under the inner portion of abdominal wound for about three inches between the parietal peritoneum and intestines. The surface of the cecum was lightly covered and the wound lightly packed with gauze, and the dressings, adhesive strips and binder applied. She was put to bed in rather weak condition but shock was combated successfully. I saw her twice after the operation. The post-operative treatment was carried on by Dr. Beattie.

On July 8, 1899, some gas with foul odor escaped from wound, but no fecal matter was ever noticed. The wound healed kindly and was solidly cicatrized by August 25, 1899. She was allowed up September 8, 1899. Her general condition is good. She feels well and looks strong. Her appetite and digestion are good. She has no pains in the abdomen; the scar is two and five-eighths inches long, and no hernia has as yet developed.

Reports of Societies.

BOSTON MEDICO-PSYCHOLOGICAL SOCIETY.

J. W. COURTNEY, M.D., SECRETARY.

REGULAR meeting at the University Club, Thursday, October 19, 1899, Dr. R. T. EDES in the chair.

REPORT OF A FEW CASES OF INSANITY TREATED BY THE COLD PACK.

DR. ABBOTT read a paper with the above title, chiefly with the view of calling attention to the marked social improvement (so called because of the patient's improvement in his social relations with those about him) which followed the occasional use, or the continuous use for short periods of time, of the cold wet pack in cases so excited, violent or otherwise difficult to manage, that they would have needed seclusion or restraint by nurses or the camisole.

Brief details were reported of a number of cases, including one of epilepsy, with irregularly recurring attacks of irritability increasing to well-marked epileptic furor, four of maniacal phase of manic-depressive insanity, two of mental deficiency with periods of uncontrollable irritability culminating in violent fits of anger, and seven of dementia precox whose conduct for different reasons made them difficult to manage, one being desperately suicidal, another destructive of walls and floors, others making violent attacks on patients or nurses, etc.

That the packs did not act as a means of punishment was shown by the fact that three patients frequently asked for them, many liked them, others were, at most, indifferent to them, and only two resisted them after having had two or three, and of these, one often expressed after them a feeling of great improvement. In every instance an occasional pack or two, or a series of daily packs for a week or two, was sufficient to enable the patient to have the liberty of the ward without special watching. No special therapeutic effect on the psychosis was observed except in the cases of manic-depressive insanity, and in one case of general paralysis, on whom it was tried for that effect alone; in those who had packs regularly for ten days or more there was marked improvement in nutrition. Many slept in the first pack and began to sleep better from that time.

The technique used was practically that described in Baruch's "Hydrotherapy," and it was found that if the very desirable results were to be obtained, four precautions must be very carefully observed: (1) Skin surfaces must be kept separated by wet sheet; (2) the blankets must be kept closely drawn around the neck to exclude the air; (3) the head must be kept constantly cool by means of frequently renewed wet cloths wrapped about it; and (4) the least possible time must be used in getting the patient into the pack. The water in which the sheets were wet was 80° F. for a first pack, about 70° for the second and 60° for subsequent ones. Menstruation was not considered a contraindication; the water was raised to 70° for two days, then lowered to its previous temperature. Patients were kept in the pack for one to three hours, occasionally even longer. In 25 cases treated no harmful results and no disturbing symptoms occurred. The cases were too few in number and the packs given for too short a time to warrant any conclusions as to their therapeutic value in the psychoses.