

with pains all over the body; the urine was quite black, scanty in quantity, and was passed frequently; the temperature was 103° and the pulse was 88 per minute, strong, and regular. As the bowels were constipated I administered three grains of calomel. I prescribed 15 minims of liquid extract of cassia Beareana well diluted with water, to be given every half hour at first and afterwards every hour. For nourishment Brand's extract of meat was given. To allay the thirst from which the patient was suffering I prescribed rice- and barley-water. I gave champagne occasionally in small quantities. After the first dose of cassia Beareana all vomiting ceased, the patient dozed on and off throughout the day, and the temperature fell gradually from 103° at 11 A.M. to 99·8° towards evening, when an enema was administered which acted fairly. The patient passed a much better night, had no headache, and slept at intervals. On the morning of the 28th her temperature was 100°, the jaundice was still very marked, and her pulse was 90 per minute, good and regular. She vomited some bile at 6 A.M. and an enema was administered which produced a large motion, constipated in character and containing scybalous lumps. Cassia Beareana was administered every hour during the day. Towards evening a distinct improvement was observable in the urine voided, which was fully 50 per cent. lighter in colour than it had been in the morning. The temperature remained at 100° all through the day, there was no vomiting, and the patient took nourishment well. On the 29th the jaundice steadily diminished, the urine became practically normal in colour, and the tongue was less furred. The dose of cassia Beareana was diminished to ten minims administered every two hours. The temperature ranged from 100° to 101° during the day; there was no vomiting. The patient took nourishment freely and slept much in the course of the day. The urine voided towards evening was quite clear. On the 30th it was found that the patient had passed an easy night. The temperature was 101°, the jaundice had practically disappeared, and the urine was clear and was passed freely. As all the urgent symptoms had now disappeared I left the patient in charge of an experienced nurse with instructions to continue the cassia remedy and to communicate with me should any fresh symptoms arise.

I am of opinion that recovery was due solely to the beneficial action of the drug given—namely, liquid extract of cassia Beareana—the patient being advanced in years and this being her second attack. I should most decidedly administer the same drug should I ever meet with any more cases of blackwater fever and I would give it with the greatest confidence.

Chaki Chaki, Pemba.

A CASE OF FULMINATING APPENDICITIS WITH SEPTIC PERITONITIS.

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THE following case presents one or two points of interest, the chief one being the distance travelled in the removal of the patient to the infirmary. This was done with ease under the influence of morphia and with apparently no ill effects.

The patient, who was a female, 26 years of age, was perfectly well on Dec. 4th and first came under medical observation on Dec. 5th on account of pain in the "stomach." On examination slight pain and tenderness with a certain amount of dulness were found to exist in the right iliac region. Her pulse-rate was 90 and her temperature was 99° F. On the following day the symptoms were much the same. On the 7th, less than 48 hours from the commencement, she complained of great pain in the right iliac region and it was then found that there were tenderness and dulness in the right flank, tympanites, and loss of liver dulness. Her temperature was 101° and her pulse-rate was 130. A diagnosis of perforation of the appendix was made. She was then put well under the influence of morphia and removed a distance of two and a half miles to the infirmary. The removal was borne very well. On admission the patient complained of no great pain; the physical signs were the same as above enumerated. A consultation was held at which the previous diagnosis was confirmed and an operation was decided upon.

The operation was performed on Dec. 7th by Dr. E. S.

Norris, senior surgeon to the infirmary. An incision was made over McBurney's point about three and a half inches in length. On opening the peritoneal cavity a quantity of offensively smelling pus escaped but there was no free gas. Some coils of intestine covered with flakes of lymph were floating free in the fluid. There was also some matting together of the other coils and on breaking down a few adhesions pockets of a clearer fluid were found. The appendix was not seen, so no attempt was made to remove it. The peritonitis extended right down into the pelvis and as far as the hand could reach in the abdomen. The cavity was then washed out with warm boric lotion of the strength of 1 in 40. During this process the patient, who had been anaesthetised with chloroform, stopped breathing, whereupon artificial respiration was performed and injections of strychnine and ether were given. The washing out was also stopped. When she had recovered somewhat a Keith's glass drainage-tube was inserted right down into the pelvis and absorbent dressing was applied over this. She was then removed to the ward. She had recovered from the effects of the anaesthetic but was very collapsed, so further hypodermic injections of strychnine and ether were given and also a nutrient enema containing two ounces of brandy and the yolk of one egg. Some time afterwards she vomited twice and in the evening passed a well-formed motion. Rectal feeding was continued every two hours for two days. On the second day after the operation feeding by the mouth was begun and as no vomiting occurred this was continued in gradually increasing quantities, peptonised milk, eggs, and brandy being given. The bowels were kept open by injections of two drachms of glycerine about every other day. The day after the operation the patient's general condition was fairly good but she had the facies abdominalis well marked. The wound was dressed frequently and about three ounces of offensive pus were withdrawn daily by the syringe. The glass tube was kept in for a week and then an indiarubber one was substituted. During the first week the whole thickness of the abdominal wall, about an inch in width for the entire length of the wound, sloughed away and the bowel was seen at the bottom of the wound. The patient progressed well from this time and is now quite well, the wound having healed completely.

Windsor.

NOTE ON CONDITIONS MODIFYING EXANTHEMATOUS ERUPTIONS.

BY JOHN REID, M.A., M.D. ABERD.

IN medical practice there is often a temptation to diagnose a recrudescence of a previous attack, or even a fresh zymotic disease, on the appearance of a fresh eruption, while probably sight is lost of certain factors in connexion with such cases—namely, (1) the fact that the skin has passed through an inflammatory stage and is on that account a *pars minoris resistentiae*; (2) that the zymotic disease may have attacked a constitution weakened by rheumatism or gout, where rashes often appear; and (3) that some local mischief may favour, or rather tend to induce, eruptions. As illustrating the above principles I trust the following cases will prove interesting.

CASE 1.—A girl, aged nine years, with a rheumatic diathesis suffered from a burn of the second degree on the leg covering an area two inches square. Bronchial catarrh and herpes on the face and eyelids preceded varicella. The mouth was full of pustules and it was extremely difficult to feed the patient, as the state of the lips and mouth interfered seriously with movement and the irritation of food matters was great. Lichen urticatus and general desquamation followed the varicella. Quinine and cod-liver oil formed the dressing and the administration of an alkaline stomachic mixture completed the treatment.

CASE 2.—A boy, aged 12 years, passed a tænia solium after a dose of male fern. In a week he had an attack of typical measles, with fever and bronchitis. He was treated with an ammonia mixture. In this case also the rheumatic diathesis was present. Koplik and Filatow's spots were seen. The rash disappeared on the sixth day and on the following day an exactly similar rash without fever—erythema morbilliforme—suggested a return of measles. here was intolerable itching. After replacing the ammonia mixture by a mild stomachic the rash and itching disappeared within 24 hours and were followed by desquamation.

CASE 3.—A male child, 11 weeks old, suffered from proctitis with rectal prolapse and bubonocoele of the left side.