

secondly, the comparatively slight mischief that resulted from the long residence of the bougie.

SCARLET RASH AFTER ENEMATA.—C. W. Suckling, M. D., reports cases of this nature in the *British Med. Jour.*, as follows: The occasional occurrence of a bright scarlet rash after injections of warm water into the bowel should be borne in mind. The rash appears in about two hours after the injection, and lasts about twenty-four hours. It covers the whole of the body and limbs, and is especially marked on the face. In rare cases it is accompanied with sore throat and slight fever. The rash is almost exactly like that of scarlet fever, and may easily be diagnosed as such, especially if a sore throat is also present. It occurs more commonly in children than in adults, and is occasionally distinctly urticarial. It is due to toxæmia caused by absorption of fæcal matter liquefied by the injection of a large quantity of warm fluid into the rectum. In all cases of supposed scarlet fever it will be well to exclude the possibility of the rash being due to an aperient enema.

I have lately met with two well-marked illustrations of this toxæmic rash. Case 1 was that of my own son, aged 11. I was told that a scarlet rash had come out on him. I found that he was covered with a bright scarlet rash, but there was no sore throat, no fever, and no increase in the pulse rate. A soap and water enema had been used about two hours before the rash was noticed. I could not diagnose the case until thinking it over I remembered making a note on rashes after enemata. On reference, I find the note was made from a very interesting paper by Dr. Burford, on "A Mild Form of Septic Toxæmia Occurring after Enemata." The rash disappeared in about twenty-four hours, and the boy was quite well. Case 2 I met with at the Queen's Hospital. A little girl was to be operated upon, but just before the operation a scarlet rash was observed on the child, and I was asked to see her. On inquiry I found that a soap and water enema had been used that morning. There was no sore throat or fever, and the rash shortly disappeared.

PALPATION OF THE VERMIFORM APPENDIX.—George M. Edebohl, M.D., of New York City, advises, *International Med. Magazine*, that pal-

pation of the vermiform appendix be practised by the fingers of one hand only. These fingers must carry the anterior abdominal wall down before them until the firm resistance of the posterior abdominal wall is encountered. As the fingers, flatly applied, now pass over the right inguinal region from the umbilicus outward to the right anterior superior spine of the ilium, it is absolutely essential that the posterior abdominal wall be distinctly felt along the whole route traversed. As the organs, and among them the vermiform appendix pass in review, as it were, by gliding in succession between the fingers and the posterior abdominal wall, the touch soon learns to distinguish between them, and to recognize the appendix. After the appendix is detected, it is well to pass the finger over it, backward and forward, a number of times in succession; a more correct impression of its size, outline, etc., is thus obtained. The patient's position is dorsal, with the legs flexed upon the thighs, and the thighs upon the abdomen, so that complete relaxation of the abdominal walls is secured. The author considers the iliac arteries as helpful, because their pulsation indicates the posterior abdominal wall, and because the normal appendix is very constantly found about a finger's breadth outside of the artery. He also considers the McBurney point as indicating the origin of the appendix, and says that in most cases the appendix vermiformis may be palpated in health with ease and with about equal facility in the two sexes. In one of the cases reported the patient was so obese that the appendix could not be felt.

SECONDARY FEVER IN SCARLATINA WITHOUT LOCAL COMPLICATIONS.—Dr. E. Wearne Clarke, *Quarterly Medical Journal for Yorkshire and Adjoining Counties*; *N. Y. Med. Jour.*; relates the following interesting case of a little girl, seven years old, who was attacked with scarlet fever of moderate severity presenting at the outset the ordinary features. The temperature rose rapidly to 104.2°, the rash was generalized and tolerably profuse, and the sore throat was of very moderate intensity. There was a certain amount of mild delirium at night. The rash began to fade on the fourth day of observation and simultaneously the temperature fell to 100.8°. Two days later it rose again rapidly to 102.8°, and remained elevated for