

marked canities ensues, and then the hair restorers, which color the hair from without and not from within, are eagerly resorted to. Sulphur and acetate of lead form frequent ingredients of these applications, while perchloride of mercury is too frequently the leading ingredient of a large number of vaunted remedies. No doubt it is of high value as a microbicide when employed in suitable cases, but used indiscriminately for months or even years, injurious effects may be, and sometimes are, produced. Pilocarpine, hypodermically injected, or given internally as tincture of jaborandi, is certainly of value as a direct promoter of the growth of hair, but it is too powerful a remedy for indiscriminate use, and the copious perspirations and sometimes the cardiac depression it induces should keep its employment within narrow limits. Less direct means may be found in tonics of iron, strychnine, quinine, etc.; but more powerful are cod liver oil and change of air, generally to a bracing climate. It will be seen from the foregoing remarks that baldness is a symptom of such diverse conditions that there is no routine treatment for it, but the cause must be carefully sought out and intelligently treated, while the local treatment must be diligently and perseveringly carried out, as when due to its most common cause, seborrhoea, relapses are the rule, and constant watchfulness against recurrence is accordingly required—*Lancet*.

# PEANUTS IN THE VERMIFORM APPENDIX: OPERATION; COMPLETE REMOVAL OF THE APPENDIX; RECOVERY.

Emma J., an American, twenty-three years old, was first seen on May 2, 1892, at 5 P.M. She had had a slight chill and pain in the abdomen since early in the morning. She had been feeling well the day before, when she came from her home in the country to her friends in the city. She had always been constipated, but had had two slight bowel-movements in the forenoon. On inquiry, I learned that she had eaten some cherries the evening before, but she was positive that she had not swallowed any of the stones. It was only at a latter questioning that the fact was elicited that she had eaten peanuts two days previously. She felt nauseated, and had vomited once or twice. I prescribed a mixture containing the fluid extract of opium, but without relief. The pain gradually became localized to the right iliac region, and increased in intensity. The temperature was 100.5°, the pulse 96. I made a diagnosis of appendicitis, and administered half a grain of morphine hypodermatically, and ordered warm local applications. I saw the girl again the following day at 8 A.M. She had rested several hours during the night, but

the pain gradually returned, and was again controlled by the administration of quarter-grain doses of morphine. The lower limbs were flexed on the abdomen, and there was great tenderness over the cecum. There was considerable nausea and frequent retching. The temperature was 99.5°, the pulse 96. The warm applications were continued, as well as morphine administered at intervals. At 5 P.M. of this day there was much pain, in spite of the anodyne, and the abdomen was tympanitic, excepting in the region of the cæcum, where there was fatness. The right groin was at this time also a little more elevated than the left groin. Nausea became extreme, and the slightest attempt to move or to raise the head was attended with retching. The temperature was 102°, the pulse 108. The bowels had not been moved since the morning of the preceding day; nor had the patient taken any nourishment. Thirst was marked, but only small quantities of lemonade were retained. The family had been advised of the girl's illness, and some members having arrived, a consultation was proposed.

At 9 P.M. I saw her again, in consultation with Dr. W. H. Earles, who concurred in my diagnosis. The patient was having great pain, with almost constant nausea and retching. The temperature was 101°, the pulse 108.

Operation was advised, but it was decided to wait until morning.

The girl rested some during the night, after full doses of anodyne, but the pain returned. It was now decided to operate, and the conditions being explained to the patient, an intelligent young woman, her consent was obtained. A full dose of morphine was administered, and she was transported to Trinity Hospital. The operation was performed at 11.30 A.M., Drs. Earles and Hoyer assisting. The patient took chloroform badly, and ether was substituted. She ceased breathing several times, and became deeply cyanosed, so that it became necessary to resort to artificial respiration. While under the anæsthetic, a circumscribed induration in the right iliac region could be plainly mapped out. An incision was made parallel with, and about an inch and a half internal to, Poupart's ligament, extending from the level of the anterior superior iliac spine downward for three or four inches, and the seat of the trouble exposed. On opening the peritoneum, some brownish, slightly fecal-smelling fluid escaped. After some search, the appendix was found. It contained two large bodies, and was gangrenous for an inch of its length, having perforated at three points. After the appendix had been removed, it was found to contain two good-sized peanuts. The abdominal cavity was irrigated with sterilized water, the wound plugged with sterilized iodoform-gauze, and an antiseptic dressing applied. The patient's condition at the close of the operation, which occupied