

but the remaining two showed marked increase in pain. Of the eight cases all went on to cure in the space of from five days to three weeks, while, on the contrary, the two which suffered an increase in pain after the application of heat required the administration of opium for the relief of pain, and both of them died.

The experience of Sphor, of Frankfort-on-the-Main, is also quoted. In fifteen cases of appendicitis, which had not applications without internal treatment, very similar results were obtained. So, too, in three cases of perimetritis, two were relieved by the application of heat and recovery promptly took place; while in the third patient the pain was greatly increased, and later on a large quantity of pus was discharged by the vagina.

If further investigations show that this method of diagnosis is at all accurate, it is so simple in its application that it cannot fail to prove of value.—*The Dietetic and Hygienic Gazette*.

A Case of Pneumococcic Peritonitis—(Reported at the February Meeting of the Belgian Society.)

Mme. A. H., aged 29 years, was married in 1894. Personal and family history were both good. The present attack began suddenly fifteen days ago, without any premonitory symptoms. On rising from bed, the woman was seized with violent pains in the stomach and back, and an intense chill, followed by elevated temperature. This was accompanied by abundant vomiting, at first bilious, afterwards porraceous in character. There was also uterine hemorrhage, with a profuse and fetid diarrhea. After eight days, the urgent symptoms improved slightly, but swelling of the abdomen set in. The umbilicus was protruded, reddened, and inflamed. At the laparotomy, made two days after her admission to the hospital (December, 1900), there escaped from the belly a flood of greenish, creamy pus, with abundant false fibrinous membranes. The immense pocket forming the walls of the abscess, and comprising the pelvis and the abdominal cavity as far as the umbilicus, was covered with false membranes. Nowhere could we discover the starting point of the inflammation. The cavity was fully irrigated with the physiological solution, and perfectly cleansed. After opening Douglas' cul-de-sac, in order to draw the pus cavity from below, we closed the abdomen by a deeper and a superficial row of sutures. The microscopic examination of the pus revealed the presence of the encapsulated pneumococcus of Frankel. A culture of this on gelatine was negative. On the contrary, the injection of the pus behind the ear of a strong rabbit brought on an acute septicemia, and the death of the animal in twenty-four hours.