

October he had similar attacks, and since then has had constantly recurring trouble until one week ago, when he was suddenly seized with acute pain, which lasted two days and nights. During this time there was no action of the bowels, but vomiting was said to be constant, and was thought by the mother to be faecal. I saw him towards the close of this attack.

On admission, five days later, there was slight resistance in the right iliac fossa, but nothing else was obviously wrong. On January 25th, under chloroform, a small rounded mass could be distinctly felt in the right iliac area. An incision was made, having its centre in McBurnie's point. On opening the abdomen, a rounded mass, which proved to be a caseous lymphatic gland, was found adherent to the upper and posterior part of the cæcum. This gland was removed. There was abundant evidence of old peritonitis, in the shape of adhesions, and a thick fibrous band was ligatured and removed in view of possible future obstruction. The enlarged appendix was then sought for, carefully dissected, and removed close to the cæcum; the stump was sutured with silk, and covered with a flap from its own mesentery. On opening the appendix after its removal, the mucous membrane was found thickened, and the cavity of the appendix was filled with brownish pus, in which lay a small concretion. The wound was closed by means of deep silk sutures, and recovery was satisfactory. An enema was given on February 7th, and the boy was discharged well on February 22nd, and has remained so since.

Appendicular peritonitis is common enough in children, but, so far as I have seen, it usually rapidly goes on to suppuration, though, no doubt, many cases are seen which do not come into the surgeon's hands. Recurrent "appendicitis" is, I think, rare in children. An interesting point in this case was the enlarged mesenteric gland, which was so obvious on examining the affected area that the question was raised whether the whole trouble was not due to the inflamed gland rather than to the appendix. However, further search revealed the diseased organ, and, no doubt, the inflammation of the gland was secondary to the "appendicitis." This boy had three distinct sources of danger, which were removed at the operation—(1) the risk of general peritonitis by extension from

the appendix; (2) mischief set up by the caseous gland; (3) the possible occurrence of obstruction by the fibrous band which was found and taken away.

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**Acute Nephritis from Sewer-Air Poisoning.**—C. T. Vachell and D. R. Patterson (*Lancet*). Attempts have been made from time to time to show the possibility of sewer air acting as the chief ætiological factor in the production of acute Bright's disease. The by no means infrequent occurrence of albuminuria in association with sewage poisoning, has been specially called attention to by Sir George Johnson.\*

The present authors record four cases in which, after a most thorough investigation, they believe an outbreak of acute nephritis stood in some relation to the emanations from a street-sewer ventilator.

All cases occurred in the same street during the summer and autumn of 1893, when, in consequence of the long drought, there was inefficient flushing of the sewers, and very perceptible odor therefrom. Three cases were met with in one house, two being sisters, aged nineteen and twenty-seven, respectively, and the third a male lodger, aged twenty-three. The fourth case was a man, aged thirty-five. In each case there were well-marked symptoms of acute Bright's disease.

An exhaustive enquiry failed to discover any possibility of scarlet fever, diphtheria, food, or lead poisoning, or other definite cause. Opposite the house in which the three cases occurred there was an open grid ventilator, which was the subject of marked complaint. The smell was also perceptible from the house in which the fourth case arose.—*The Medical Chronicle*.

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**The Physiological and Therapeutical Action of Chloralose.**—Ernest Chambard (*Revue de Médecine*). Chloralose is a body having the formula:  $C_8H_{11}Cl_6O_6$ , and is prepared by the action of anhydrous chloral or glucose; it has a bitter taste, is slightly soluble in cold water, more so in hot water or alcohol; it may be administered in cachets, or in solution, in doses of 3 to 20 grains.

*Physiological Action.*—Dr. Chambard adminis-

\* *Brit. Med. Jour.*, Vol. 1888, I., p. 451; 1888, II., p. 71.