nervous system, and that the irritant symptoms observed in other cases were secondary, and probably due to mechanical irritation.

4. What was the precise mode of death in this case? The sudden faintness, depression, and symptoms of collapse, with great weakening of the heart's action, seem to point to shock to the vaso-motor system as the most likely *modus operandi*. The evidence of shock was undoubted, and also that interference with the action of the heart was the first marked symptom, and preceded any cerebral or convulsive symptoms. It seems, indeed, a fair inference to assume that the latter were mainly due to congestion, owing to obstructed return of blood to the heart, partly through failure of the latter, but probably mainly through impaired vaso-motor power in the vessels themselves. A further point might be raised, viz., whether it is possible or likely that the symptoms could have been due to direct irritation of the nerves of the stomach, and thus affecting the heart through the inhibitory action of the vagus. If this were admitted as possible, the fragments of holly-leaves would assume greater importance; for the sharp spicula of these leaves, of which there were a number, might cause such direct irritation. I merely throw out this idea, which many may think fanciful; but, if my memory serve me right, there are cases on record in which the amount of constitutional disturbance caused by a sharp-pointed body in the stomach has been out of all proportion to the cause, and could only be accounted for in some such way as I have suggested.

5. To sum up, there can be little doubt that, extraordinary as it may seem, this woman did die from the effects of eating this very small quantity of leaves; that the symptoms were mainly those of shock or collapse, and that these were either due to a specific poisonous action, or possibly to direct irritation.

From the point of view of asylum practice, the case forcibly illustrates the dangerous consequences which at any time may result from that perversion of appetite which exists in certain cases among the insane, leading them to eat anything and everything which comes in their way. Many anomalous symptoms are, I believe, often due to this cause. In the case of E. L., the existence of this propensity had not been observed before; but, even if it had, I know no morbid habit among the insane more difficult to eradicate, or the indulgence of which it is more difficult always to prevent. That there was any intentional suicidal purpose in this case, it is hardly necessary to discuss. Although at an early period of the case a suicidal tendency was feared, none such had manifested itself during the patient's residence here; and, even if it had, it is in the highest degree improbable that a patient of her class would adopt such a method of carrying out a suicidal intention; still more so, that she would have limited herself to such a small quantity.

ON SOME FORMS OF IDIOPATHIC PERITONITIS.*

By R. H. MEADE, F.R.C.S.,
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PERITONITIS is so frequently traumatic in its origin, or comes on during the course of other diseases, that its existence as a primary affection, like pleurisy, is often ignored, or very briefly alluded to by most authors. The peculiar form of peritonitis to which I wish to call attention mostly arises from cold; it is generally subacute, and sometimes latent in its character, and speedily causes effusion of serum into the abdominal cavity. This complaint often bears a great resemblance to the latent forms of pleurisy not uncommon in children and young persons; in which, after exposure to cold or damp, the patient complains of slight pain in one side, followed by shortness of breathing; and, upon examination, one pleural cavity is found full of fluid.

The early inflammatory stage in this affection of the peritoneum is sometimes so slight, that it is altogether overlooked, and the enlargement of the body is the first symptom of disease that attracts the attention either of the patient or his medical attendant. These attacks have sometimes been designated active ascites; and Sir Thos. Watson, in the latest edition of his *Lectures*, goes so far as to say that he thinks they may arise without any inflammation of the peritoneum at all, and are rather forms of simple inflammatory dropsy, arising from checked excretion of fluid from the skin by cold.

There is no doubt, however, that the effusion of serum into the peritoneal cavity in these cases is as much the result of inflammation of the peritoneum as the pouring out of fluid into the pleural sac is the result of pleurisy; for, by careful observation, cases may be found in which the characteristic symptoms of peritonitis may be noted of vary-

ing degrees of intensity: from some in which they are of quite an acute character to others in which they are exceedingly slight, but in all of which the termination is the same, by rapid effusion. I saw a young woman a few weeks ago, with Dr. Byrne of Horton, who had suffered last year from acute pleurisy, and complained, when I saw her, of abdominal pain increased upon pressure, with frequent vomiting, etc. Her temperature was high, her pulse quick, and her abdomen half full of fluid. She had been exposed to wet and cold a few days before the attack came on, and, though a delicate girl, had been in good general health since the attack of pleurisy.

This case, which was quickly relieved, will illustrate the more acute varieties of the affection; and I will briefly mention another as an example of the most latent forms. An active man, about forty years of age, called at my house to consult me respecting a considerable enlargement of his abdomen, which had come on during the previous two or three weeks without pain. His general health was fairly good, and he was able to walk about and attend to his business. Upon examination, I found his abdomen full of fluid. There were no symptoms of disease of his liver or other internal organs, and the only cause he could assign for the complaint was exposure to cold. He quickly and permanently recovered.

In these forms of peritonitis, the inflammatory process seems to be principally or entirely confined to the parietal part of the peritoneum; it is also often of a latent character; it speedily causes effusion, and is mostly curable. I have always met with it in adults. It must not be confounded with the tubercular forms of peritonitis which commonly occur in children, are very chronic in their character, and very intractable.

In conclusion, I may say that I have found mercury the best remedy in these cases. In the purely latent forms, I have been in the habit of prescribing small doses of the bichloride with some demulcent. One-twentieth of a grain three times a day is sufficient. It may be continued for two or three weeks or more, if necessary. In the more acute cases, I direct the abdomen to be covered with dilute mercurial ointment spread thickly upon lint, and generally find that the ascitic fluid begins to be absorbed as soon as the mercury slightly affects the system. Digitalis with other diuretics may also assist the cure. In the more chronic forms, where the abdomen has become much distended, I have found it sometimes desirable to let off the fluid by tapping; after which operation the remedies will act more readily, and generally prevent the return of the effusion.

LITHOTOMY IN INDIA.

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It may, perhaps, interest surgeons who deal with vesical calculus, if I place on record, for the sake of the credit of lateral lithotomy, the results of my experience. From the commencement of 1868 to the present time, I have performed the lateral operation on 199 persons with only 6 deaths, *i. e.*, 3.01 per cent., or 1 in 33. To these I will add two fatal cases of lithotripsy in old men with much diseased urinary organs, who would probably have died under lithotomy if that procedure had been selected, for the stones were above crushing size, and the health unfavourable. These raise the mortality to 3.92 per cent., or 1 in 25.

The accompanying table shows my cases, with deaths at various ages. I am glad to see that Surgeon-Major Harris (Bengal Medical Establishment), in his recent work, shows that the deaths from lithotomy among children in Bengal, so far as his knowledge extends, were only 1 in 27, a result which nearly coincides with mine. In England, the mortality during the same period of life appears, from Sir Henry Thompson's table, to be 1 in 15; so that our Indian success is not entirely due to a small mortality in our younger patients.

Ages.	No of Cases.	No. of Deaths.	Percentage of Deaths.	Proportion of Deaths.
15 and under	147	5	3.4	1 in 29
16 to 35	35	None	None	None
Above 35	17	1	5.8	1 in 17
Totals	199	6	3.01	1 in 33

It is true that juveniles composed nearly 74 per cent. of my own, and only 56 per cent. of Sir H. Thompson's series; but this of course only tends to lessen the general death-rate, not that of children.

Of my own success I have no explanation to offer; and cannot, in this short paper, enter into those statistical details which are necessary for

* Read before the Annual Meeting of the Yorkshire Branch.