family butcher for a fresh rennet. Should he have lived in the country, he will be able to prepare it for you. "A rennet," I may observe, is the term given by butchers to a calf's stomach. If not obtained ready prepared, the stomach is to be cleaned, with as slight washing as is absolutely necessary, and buried in salt. It is now ready for use, and keeps for an indefinite time. "Rennets" are easily to be procured in the cheese-making counties. I had at first some trouble in finding where to go to for a supply; one grocer, to whom I applied, advising me to try the corn merchants', understanding that rennet was some kind of seed. This must be my apology for entering into a somewhat trivial matter.

A little cream may be added, if the milk be poor. To sum up: we have in the result a milk containing sugar, fat, casein, and salts, in due proportions; and, more than this, although the explanation is not quite evident, a food perfectly digestible, which is, of course, the point to be regarded above all merely chemical considerations.

CASE OF ACUTE PERITONITIS FOLLOWING INTES- TINAL PERFORATION.

By WILLIAM JULIUS MICKLE, M.D., Grove Hall, Bow.

M. M., aged 45, formerly a soldier in the 17th regiment, was a helper at a laundry for some years, and had made no complaint of any malady whatever, although some mitral obstruction had been made out. Early one morning, complaining of constipation, he was given an aperient. After breakfast, the bowels were freely moved. Then, seeming well, he worked all day until about 4.30 P.M., when he felt abdominal pains, or "cramps," as he called them, coming on, returned to his ward, laid himself down, and looked pale. Next, he was doubled up, groaning, breathing noisily, and complained of "cramps" over the belly, which was tender, and which he would not allow one to examine. The pain was obviously intense. The pulse was frequent, and variable in this respect; somewhat sharp. Tincture of opium was given internally, and a light hot poultice and turpentine were applied to the abdomen. At 9 P.M., there was slight vomiting of food and mucus, and later of a greenish fluid.

Next morning, he lay either on his back or on the right side, with the knees drawn up. The pain was continuous, and he stated it to be worst along the middle line; the tenderness, however, was highly marked over the cæcum; and in both flanks were slight dulness on percussion, and doubtful obscure fluctuation. He was cruetating, and then spitting out in mouthfuls, a dark-greenish, flaky and flocculent, soup-like material, with brownish, soft, lather-like flakes floating on the surface. Temperature 99.7°; pulse 117, soft, feeble; respiration 38, somewhat laboured, moaning. No urine was passed. The bowels were not moved; the tongue was moist, with a greenish and brownish coat. The tips of the ears, nose, and fingers were chilly. The eyes were heavy; the face was of leaden hue. The pain was heavy and continuous, with exacerbations, during which it resembled the piercing of knives. There was no sign of tumour, strangulation, or intussusception of bowels.

I ordered him to have one-third of a grain of morphia hypodermically; also to take, each hour, five minims of tincture of belladonna, one minim of dilute hydrocyanic acid, and one-sixteenth of a grain of morphia. He took three doses of this. Half an ounce of milk was given every half-hour.—At 1.30 P.M., his nose was cold, his features collapsed; pulse feeble; prostration was advancing.—At 3 P.M., he was somewhat drowsy; respiration varied from 18 to 24, and the pulse from 110 to 120, feeble, soft, small, becoming imperceptible. The pupils were moderately contracted. The patient, in reply to inquiries, said that the pain was relieved. After this, he gradually became comatose, and the respiration irregular, jerking, as if by several contractions of diaphragm; and, later, hiccough came on. Brandy was given by the mouth, and it and carbonate of ammonia by the rectum, while heat was applied to the feet. The pulse remained at from 110 to 120, and death occurred at 5 P.M., or twenty-four hours and a half after the first complaint of abdominal pain.

Necropsy.—Omitting most of the parts examined, it need only be said that the abdominal cavity contained some turbid fluid, partly escaped from the bowel, and with sanguineo-purulent material floating in it. These were mainly on the left side of the abdomen. The parietal peritoneum was of an almost uniform scarlet redness. The great omentum was converted into a red fleece, the under surface of which was smeared in parts with purulent fluid. The appendices epiploicæ were smeared in a similar way, as were also some coils of the small intestine, the other coils being slightly lymph-

glued together. There was general inflammatory redness of the outer coat of the exposed coils of intestine. In the upper part of the small intestine were much yellow mucus and semifæcal matter. In the descending colon and rectum was patchy redness, and in parts slight excoriation. In the lower part of the sigmoid flexure was a perforating ulcer, with bevelled edges and sloughy surface, which was open through an appendix epiploica into the abdominal cavity. Another ulcer with greenish edges was just beginning to perforate. The heart contained clots and treacly-fluid blood; the endocardium was deeply blood-stained; there was mitral stenosis; the mitral valve was thickened, calcareous, and deformed. There was some hypertrophy and dilatation, especially of the left auricle. The heart weighed fifteen ounces. Some large gall-stones were found in the gall-bladder.

REMARKS.—As to the duration of this case—at least twenty-four hours and a half—it may be said that, writing of peritonitis, Dr. Habershon stated that instances of intestinal perforation are generally fatal in from five to ten hours; and Dr. J. R. Wardell mentions that, in his cases, death occurred in from seven to twenty-three hours, and cites duration-periods from other authors varying from four to one hundred and five hours.

Possibly constipation, or passing gall-stones, led to the irritation and ulceration of old cicatrices in the colon, results of disease, contracted when campaigning long before.

OBSTETRIC MEMORANDA.

REMARKABLE MONSTROSITY.

ON November 2nd, my late partner, Dr. H. C. Linden, sent for me to a case of a primipara, aged 28, who had been some hours in labour. It was a breech presentation, and favourable progress had been made until the pelvic outlet was reached. There the head became jammed tightly, and, during the next two hours, did not advance in the smallest degree. As the pains were ceasing, notwithstanding the administration of ergot, it became necessary to deliver instrumentally. Several attempts at extraction by forceps proved futile, and, as exhaustion was threatened, the blunt hook was employed, and, after an hour's hard work, delivery was accomplished. The child was a full-grown anencephaloid male; life was extinct but very recently. The bones of the face were normally developed, but there was no calvarium. The cerebral substance was wanting, and its place was filled with bloody serum and a material which looked like a placenta; to this the placenta proper was attached by its membranes. It was very large, measuring 6½ in. by 3½ in., and was deeply fissured at its anterior third. Two abortive cerebellar lobes were present. At the upper portion of the spine there was an opening into the spinal canal, from which sprang a lobulated body. Four cords were present, three focussing at this point; one running from the placentaloid cerebral substance, the other from the placenta, and the third joining the cord proper, a few inches from the umbilicus; the fourth passed from the placenta in the usual way, and presented a slight degree of fatty degeneration. It was rather large. The other cords had undergone fatty degeneration to a great extent. Being rather pressed for time, we were obliged to be content with a cursory examination.

Upon what hypothesis it can be accounted for, I would be glad to elicit the opinions of the members of the Association. The mother attributed it to being frightened by rats. I may add that she made an excellent recovery, without the slightest drawback.

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CLINICAL MEMORANDA.

HABITUAL CONSTIPATION.

I WOULD desire to supplement Dr. Mortimer Granville's prescriptions for habitual constipation by some with which I have frequently succeeded? Looking at it that, as a rule, constipation is due to want of tone in the muscular coat of the bowel, and to diminished glandular secretion, I usually prescribe a pill composed as follows. R Ext. aloes soc. aquos. gr. ij; ext. nucis vomice gr. ss; ipecac. pulv. gr. ss. M. ft. pil. To be taken each day with dinner. Strict orders must be given to the patient never to neglect going to stool at a fixed hour daily. This prescription usually answers within a month. Another remedy, not so nice, but nearly as efficacious, is a drachm of castor-oil, the first thing each morning, persisted in for some weeks. Should these remedies fail, a small enema, of about half a pint of