Fig. 2.—Skiagraph of an ordinary case of congenital dislocation of the hip, the acetabulum being shallow or practically unformed. The patient was a girl of the same age (12) as the subject of Fig. 1.

Fig. 3.—Skiagraph of congenital dislocation of hip; showing shallow acetabulum in a child aged 12

bones the left is absolutely normal in shape, and the other, as far as one can discern, looks natural. The measurement from the outer border of the trochanter to the inner edge of ilium is slightly more upon the left than the right side, but this may depend upon some rotation of the limb.

Fig. 4.—Skiagraph of congenital dislocation of hip; showing undeveloped head of femur and shallow acetabulum in a child aged 12.

The question arises, Is this a case of real congenital dislocation, or is it one of dislocation occurring at birth as a consequence of "breech presentation" and prolonged and difficult parturition? It seems to me that it is most probably the latter. At least, it must be admitted that there is a wide difference between this and those cases which have been described in the majority of specimens dissected (see figures).

THE CASES RESEMBLING SCARLATINA WHICH OCCURRED IN FULHAM.

By ROBERT LEE, M.D., F.R.C.P.

THERE seems to me to be great need of further attention to the malady referred to in my communication to the BRITISH MEDICAL JOURNAL in November, 1894. The two letters which were then published, the one from Dr. Wilks, the other from the late Sir George Johnson, deserve careful consideration.

There is a malady gradually gaining ground amongst us, which in some respects closely resembles scarlatina, and in some cases may be mistaken for diphtheria. There is great danger of our doing injury instead of good, if mistakes are made in diagnosis and cases are notified erroneously.

There were reasons, which I need not detail, for my bringing the subject under the notice of the Sanitary Committee of the vestry of Fulham, and it was satisfactory to obtain the assent of Dr. Jackson, our medical officer, and some of my professional friends who had experience of the malady, to the views I expressed on its nature and peculiarities. It begins with sore throat and some of the symptoms of scarlatina. In many cases an eruption or efflorescence appears on the face and neck on the second day. At the end of a week the fever

has subsided, the pulse and temperature are normal, and beyond some feeling of debility there is nothing to note. Sometimes the throat is very much inflamed and the tonsils ulcerate, so that one can easily understand why such cases are notified as "diphtheria."

In looking over a copy of Cullen's *First Lines of the Practice of Physic*, a work which in style and lucidity has not been surpassed in medical literature, I find numerous notes made by Dr. Robert Lee, my father, when a student, in 1813, at the University of Edinburgh, and when, I think, Dr. Gregory was Professor of Medicine. The copy is interleaved, and the notes being chiefly in shorthand have been difficult to decipher.

It is quite clear, from Cullen's *Lines*, published five years before 1813, that there was very great interest felt by the profession in the question whether cynanche maligna was scarlatina or not. The description given by Cullen of cynanche maligna accords with that which would be given of the malady I am dealing with. "I am still of opinion," said Cullen, "that there is a scarlet fever which is a disease specifically different from the cynanche maligna"; and again (paragr. 655, vol. i), "From these considerations, though it may appear that there is some affinity between the cynanche maligna and scarlatina anginosa, it will still remain probable that the two diseases are specifically different. I have been at some pains to establish this opinion. . . ."

From Dr. Lee's notes one can appreciate the extent to which Cullen's views had gained ground between 1808 and 1813. It looks as if the malady we now call diphtheria to some extent took the place of cynanche maligna, and scarlatina became specifically recognised.

In dealing with the nature of the malady we are discussing, it is surely very important to observe that those who have had scarlatina already are quite as liable to be attacked with this malady as those who have not had it. Why Cullen makes no allusion to this point seems strange, for it would have been the strongest proof that cynanche maligna and scarlatina were different.

There is another point of interest which is one difficult to deal with: it is, that the skin effloresces and then scales off in very small fine particles, and does not peel off as in scarlatina.

This is exactly what occurred in the cases I described. The eruption seemed to me to be of a rather fainter or pinker hue than we see in scarlatina, and it looked as if the very small blood vessels or capillaries of the surface were more congested and the superficial cells subsequently detached, while in scarlatina there must be effusion in deeper layers of the skin leading to the peeling that follows.

The whole subject of the pathology of eruptions is one, however, which requires more investigation than it has yet received, and certainly deserves it, to aid us in diagnosis. Why eruptions should vary as they do is strange. When we compare typhus and typhoid, English and German measles, chicken-pox and variola, each with the other, are we not at a loss to explain why they differ as they do? As there is no name now for this malady, which seems to be the same as cynanche maligna, shall we go back to the old, or shall we call it by some other name? We had the impression in Fulham that it was due to the inhalation of sewer air; but as sewer air must vary much, we must not expect a specific malady from its inhalation. By some it is thought that the dust from the wood paving produces sore throat and fever. This, of course, is possible. The chief point, however, to which we ought to give attention is to be careful not to mistake this malady for either diphtheria or scarlatina, as is very liable to be done.

A CASE OF SUPPURATIVE PERITONITIS TREATED BY LAPAROTOMY.

By H. GOODWYN, L.R.C.P. and S. EDIN.,
Bovey Tracey.

E. W., aged 7, was first seen on September 18th, 1896. She had been ill for about a week previously with pain over the epigastrium, nausea, and diarrhoea. The temperature was 102° F. Two days later she complained of acute pain over the abdomen, most severe about the region of the umbilicus, which was very tender on pressure. She lay on her back

with the knees drawn up. The diarrhoea still continued. Respiration was accelerated, and the temperature was 104° F.

On September 22nd the morning temperature was 103°, the evening 104°. There was dullness at the bases of both lungs. The respiration was 50, but there was no cough. Tenderness over the abdomen and diarrhoea persisted. The case then followed the course of an ordinary pneumonia. The abdominal symptoms were not marked. There was tenderness and slight dullness below the level of the umbilicus, extending into both flanks, not affected by position. The diarrhoea continued throughout, the pneumonia gradually decreasing at the end of the lung affection.

At the end of about eight days dullness over the abdomen became more marked below the level of the umbilicus, and fluctuation could be elicited on percussion of the flanks. The temperature ranged from 99° in the morning to 101.4° in the evening for several days. After a few days a globular swelling appeared, extending as high as the umbilicus from the pubes, and laterally about 3 inches on each side of the middle line.

On October 13th the abdomen was aspirated midway between umbilicus and pubes in the middle line, and about half an ounce of blood-stained serum with flakes of pus was obtained. The character of the swelling did not materially alter for some days, the temperature varying between 99° and 101°. The diarrhoea ceased, and the tongue was fairly clean and moist. The patient had lost much flesh, and it was decided to open the abdomen.

On October 18th an incision 3 inches long was made in the middle line, and on opening the peritoneum sanguineous pus came freely through the wound. There were no important adhesions, and the cavity was irrigated with sterilised water, and a large drainage tube communicating freely with the abscess cavity was stitched into the wound; the rest of the wound was closed with deep interrupted sutures, and dressed with cyanide gauze and carbolised wool. The patient rallied well from the operation, and the evening temperature was 99°.

The subsequent history of the case was uneventful. The temperature never rose above normal, the bowels moved naturally on the fourth day after the operation. The cavity was washed out with sterilised water every day, and on the fifth day the tube was shortened, there being very little discharge. On the tenth day the tube was removed, and on the thirteenth day the patient was sent home with the wound practically healed. The child gained flesh after the first few days, and there was no pain.

A CASE OF GENERAL PERITONITIS DUE TO PERFORATIVE APPENDICITIS: OPERATION: RECOVERY.

BY
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I. T., aged 16 years, an errand boy, was admitted into St. Thomas's Hospital, on July 30th, 1896, with the following history. He had always enjoyed good health until seven days prior to admission, when he was seized with sudden and severe pain in the right iliac fossa, accompanied by diarrhoea. There was no vomiting, but he was feverish and felt ill. Except for a little extension of the pain across the lower part of the abdomen he remained in much the same condition for the following two days, and continued to follow his occupation; but he was compelled to take to his bed at the end of that time, and remained there for a further period of two days, when he felt better and got up. The same evening, however, all his symptoms underwent aggravation; the abdominal pain became general, and he vomited for the first time. A medical man later advised his removal to hospital.

On examination, he was lying on his back with knees drawn up, cheeks flushed, and a somewhat anxious expression. His pulse was 88, of fair strength, and regular; respirations shallow, 30; temperature 99.4°. The abdomen was slightly distended all over; it scarcely moved at all on respiration, and was the subject of general tenderness. There was shifting