

there is a history of acute infection of various kinds, such as acute hepatitis, cholecystitis, typhoid fever, &c.

It is probably true that the majority of cases are tubercular; one type of this origin is a more or less localised one, in which a tumour-like mass is produced; the great omentum may be matted into an irregular lump, or the process may be most marked in some part of the intestinal tract, or the small and large intestines may be found contracted into a ball. This form is liable to be mistaken for carcinoma; and it is important to recognise the existence of this peculiar form, since in the early stages it is amenable to operative measures, but it is impossible to remove the mass later.

A third form of hyperplastic peritonitis is that associated with carcinoma, but the exact nature of the peritonitis which complicates this disease is as yet obscure. The more acute and subacute forms are due to perforations of cancerous ulcers in the hollow viscera, or to secondary infection of the cancer mass and its neighbourhood.

*Diagnosis.*—A few words as to diagnosis may be given. Simple chronic hyperplastic peritonitis may be suspected if there be extreme ascites and little or no anasarca. A history of infective disease, gastric or intestinal ulcer and gall-stones will be suggestive of this condition. Portal congestion is absent, and there is no marked disturbance of digestion, no hematemesis nor melena; jaundice does not usually occur. In the tubercular form, the ascites is not so great, and the fluid is more apt to be sacculated, while abdominal pain and tenderness are more marked; pigmentation of the skin has been observed; the disease is more common in females, and the distension of the abdomen is irregular. Hectic fever is not common, but a hæmorrhagic exudate may occur. In cirrhosis of the liver, dyspeptic disorders, alcoholism or syphilis are prominent etiological factors; portal stasis is marked, and there is nausea, vomiting, hematemesis, melena, &c.; jaundice occurs and cerebral manifestations are not uncommon. In carcinoma the patient is usually advanced in years, and cachexia is marked; a hæmorrhagic or chylous or pseudo-chylous ascites is in favour of carcinoma.

*Treatment.*—Special symptoms or complications may call for appropriate remedies, but the treatment is essentially surgical.

## Appointments.

### MATRONS.

Miss Mary Emily Thorp has been appointed Matron of the Derbyshire Hospital for Sick Children. She was trained at the Royal Infirmary, Derby, where she subsequently held the position of Sister for two and a-half years. For fifteen months she held the position of Sister-in-Charge of a Surgical Home at Croydon, and subsequently she was first Ward Sister and then Home Sister at the Hospital for Sick Children, Great Ormond Street, which last post entailed the entire housekeeping.

Miss Jessie Ridley has been appointed Matron of the Home for Infirm Charity Organisation Pensioners, South Hampstead. She was trained at the General Infirmary, Stafford, and has worked in the Central London Ophthalmic Hospital, and as a Queen's Nurse under the Hammersmith and Fulham District Nursing Association. She has held the position of Sister at the General Infirmary, Macclesfield, Nurse-in-Charge of the Rawson Convalescent Home, Harrogate, and various district nursing appointments; she has also held the position of Sister at Chalfont St. Peter Home for Epileptics.

Miss K. Warburton has been appointed Matron of the Corbett Hospital, Stourbridge. She was trained at the General Hospital, Birmingham, where she subsequently held the position of Sister in both male and female surgical wards. Miss Warburton was elected to the above appointment out of twenty-six applicants.

Miss Alice K. Franklin has been appointed Matron at the Manchester Maternity Hospital. She was trained at the Infirmary, Birmingham, and has held the position of Sister in a male surgical ward, in the operating theatre, in a female medical ward, and in the female epileptic block, containing 160 beds, in the same institution.

Miss M. I. McRae has been appointed Matron of the Jubilee Cottage Hospital, Colne. She was trained at the Royal Albert Edward Infirmary, Wigan, and remained on the staff for six years. She then studied dispensing at the Ryde Dispensary, and obtained the certificate of the Apothecaries' Hall. Miss McRae subsequently held the positions of Night Sister at the Grimsby Hospital, Assistant Matron, Cork Street Fever Hospital, Dublin, and acted as Matron *locum tenens* at the Newbury District Hospital, Berks.

### ASSISTANT MATRON.

Miss F. Dowsen has been appointed Assistant Matron at the Kent County Asylum, Chartham. She was trained at the Chester Infirmary, where she also held the position of Sister. She was also Sister at the Chester Isolation Hospital.

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