

these cases were more common than we had any idea of, and that many cases of death after minor gynecological operations were due to lighting up an acute attack of the disease.

Dr. Bell protested against the idea that the mere opening and closing of the abdomen would do any good to cases of tubercular peritonitis. He thought that many cases were self-limited and would recover, at least for a time. Those who survived the operation probably went on as before, and thought themselves well off to have recovered from the operation.

If the tubercle could be removed, he would favor operation.

Dr. Hingston thought that the happy medium lay between the opinions of Dr. Laphthorn Smith, who advised laparotomy in every case, and of Dr. Bell, who did not approve of it at all. His views were to operate when there was any doubt, for the purpose of clearing it up. In many of the cases of recovery he thought it was a matter of *post hoc* rather than of *propter hoc*.

Dr. Armstrong said that as far as he knew his experience was limited to two cases of the kind, one of which he had diagnosed and sent to Dr. Gardner and the other he had operated on for disease of the appendages, but on opening the abdomen the peritoneum was found to contain tubercle, and the appendages were so adherent that it was not considered safe to remove them, so that he had simply irrigated with hot water and closed the wound, a good deal of water being left in. For several days she was greatly benefited, the diarrhoea, which had been constant, having stopped and the pain being gone. Two months after the operation she was walking about and had a good appetite, although there was a slight return of the diarrhoea. He thought that irrigation of the abdominal cavity might yet be found to be of use in these cases.

Dr. Laphthorn Smith wished to be distinctly understood to attribute any good effect for operative treatment to 1st, the breaking down of adhesions; 2nd, the removal of effused liquid; 3rd, the washing out of the cavity.

Dr. Gardner did not wish to be understood as an advocate for operative treatment of tubercular peritonitis; in fact, he had stumbled upon it in three cases, in which there were well marked pelvic symptoms, the other two having been diagnosed. He admitted that many cases of

tubercular peritonitis were self-limited or chronic, and until we know more about its life history we must be cautious about attributing too much to the operation.

Dr. J. Leslie Foley exhibited a specimen of trichorrhæxis nodosum under the microscope. The hair could be seen to be split up and burst into shreds by the growth of the spores in the central tube. Dr. Foley said it was of interest, because only five cases had so far been published.

Dr. McConnell reported a very severe case of pemphigus.

Dr. F. W. Campbell related an interesting case in practice of a patient who was starting on a snowshoe tramp, but not feeling very well he called at Dr. Campbell's office, when the latter was surprised to find all the symptoms of pneumonia, excepting rise of temperature and pulse rate, through all the stages of which the patient passed successfully. The disease had followed an attack of influenza. With regard to what had been said about tubercular peritonitis, he thought that while the prognosis was severe it was not necessarily fatal, many of the cases getting well of themselves.

WARNER'S ANTISEPTIC PASTILLES.

Following a suggestion recently made by Dr. C. Seiler in the *Medical Record*, Messrs. William R. Warner & Co., the well-known pill and compressed pastille manufacturers, of Philadelphia, are now placing on the market antiseptic pastilles for the treatment of certain nasal affections. These pastilles are not only powerfully antiseptic and comparatively innocuous, but also distinctly deodorant, as sodium bicarbonate, sodium baborate, sodium benzoate, sodium salicylate, menthol, and oil of wintergreen enter into their composition. One of the pastilles makes 2 oz. of a lotion or spray for the nostrils, and it is, according to Dr. Seiler, "sufficiently alkaline to dissolve the thickened secretion adhering to the nasal mucuous membrane, and as it is of proper density, it is bland and unirritating, leaving a pleasant feeling in the nose. As an antiseptic and deodoriser it is also are superior to Dobell's solution or any other non-irritating deodorizer and antiseptic. The pastilles are introduced here by Messrs. F. Newbery & Sons, of King Edward St., London, E.C.—*The Chemist and Druggist*.

[We have given them a personal trial and are much pleased with the result.—ED. RECORD.]