

the manner of pylorotomy. The parietal peritoneum was so stitched as to make the sight where the tumour was adherent extraperitoneal. The subsequent course was very satisfactory; she was up in three weeks and left the hospital a week later. Four and a half months afterwards she was in perfect health, the bowels acting once or twice a day. The growth had started in the ileo-cæcal valve, and was a carcinoma.

Etiology of Appendicitis. — Hodenpyl (*N. Y. Med. Jour.*, Dec. 30th, 1893) holds that there are two classes of factors in the causation of acute appendicitis: predisposing, which may vary in different cases; and more active factors, of which there seem to be two distinct, but intimately associated elements: (a) bacterial, of which the bacillus coli communis is very probably the most important; and (b) the less well-defined and less understood chemical factors associated with the fecal contents of the intestines. Of the predisposing causes of acute exudative appendicitis, stricture of the appendix is one of the most frequent. This condition, though sometimes probably the result of previous inflammatory processes, is, in a large proportion of instances, the result of partial retrograde evolution, the cæcal opening, which is much dilated in the infant, gradually contracting until adult age, when it is smaller than the rest of the lumen, and sometimes much constricted. The vermiform process, like other organs which undergo retrograde evolution, is very prone to become inflamed. Again, the longer the appendix the more liable it becomes to inflammatory changes. Other predisposing causes are adhesions drawing the appendix into abnormal positions, atrophy of the mucous membrane, and concretions. The last-mentioned cause, though formerly regarded as the usual one, does not exist in more than 10 per cent. of the cases of appendicitis. The author, though led at one time by the results of his own investigations to regard the bacillus coli communis as a most important factor in the causation of acute appendicitis, acknowledges that the recent observations of Barbacci have proved the necessity of caution in attributing a too exclusive rôle to this bacterium. Barbacci has shown

that perforative peritonitis is not due to the introduction of the bacillus coli communis alone, but is the result of (1) the escape of feces and intestinal gases into the peritoneal cavity; (2) the development of other forms of bacteria therein; and of (3) the constant irritation arising from the continued escape of intestinal contents.—*British Medical Journal*.

Joint Tuberculosis.—Parenchymatous and intra-articular medication with anti-bacillary remedies has yielded the best results in tubercular spondylitis attended by abscess formation and tuberculosis of the knee and wrist-joints.—*SEX.*

Ichthyosis; eczema. — Leon F., a boy five years old, had had for several months an affection of the hands characterized by redness and scaling of the palms with slight fissuring; a moderate amount of itching and burning were complained of. The peculiar dry appearance of the hands led to examination of other parts of the body, and an unusual dryness accompanied by moderate desquamation was found to exist over the entire cutaneous surface. The skin of the elbows and knees and over the tibiae was most markedly affected, being quite thick and covered with an abundance of dirty gray scales. The patient was ordered to be bathed daily and anointed well after the bath with the following ointment:

R. Ol. adipis.....	ʒi.
Lanolin.....	ʒvii.
M.	

Under this treatment the skin soon became softer, ceased to desquamate, and the patient's condition was in every way much more comfortable.

The milder forms of ichthyosis, like the one just described, are not very rare, and are frequently accompanied, in the winter season particularly, by eczema of exposed parts. The treatment is entirely palliative, since we know of no remedy which will permanently cure this condition of the skin, which is always congenital.—M. B. HARTZELL, M.D., in *Archives of Pediatrics*.