

on one hour before a meal, relieved by taking of food, and pain in the small hours of the morning. Then there was often distinct tenderness in the region of the gall-bladder and rigidity of the right rectus muscle. There could be no doubt about the remarkable benefit by the operation of gastro-jejunostomy. At the same meeting, W. McAdam Eccles stated, by way of differentiation between gastric and duodenal ulcer, that in the former a solid meal at once induced pain, but a draught of hot fluid would relieve pain. In duodenal ulcer, on the other hand, both a solid meal and a draught of fluid would cause pain some hours after ingestion. Associate with this melena, and a diagnosis of duodenal ulcer is justifiable.

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**The Prevention of  
Appendicitis:**

Dr. Wm. M. Harsha, Chicago, before the meeting of the Mississippi Valley Medical Association, said that the consensus of opinion was that more than 50 per cent. of the cases of appendicitis not operated on, recurred. Foreign bodies in the appendix, including fecal concretions, probably caused 10 per cent. of cases.

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**Gall Stone Disease:**

In 1,000 operations for gall-stone disease. Charles H. Mayo reported for W. J. Mayo and himself before the Southern Surgical and Gynecological Association, in December last, that there had been 50 deaths—5 per cent. mortality—960 were cases of benign disease; 40 were malignant cases. The mortality in the latter was 22.5 per cent.; the mortality in the former 4.2 per cent.

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**Cirrhosis of the Liver:**

Dr. James K. Crook gave the following statistics of deaths from cirrhosis of the liver, compiled from the records of the New York Board of Health, at a November meeting of the Medical Association of the Greater City of New York: Under 1 year, 9; under 5 years, 11; from 5 to 10 years, 11; from 10 to 15 years, 9; from 15 to 25 years, 553; from 25 to 35 years, 1,061; from 35 to 45 years, 1,196; from 45 to 55 years, 959; from 55 to 65 years, 565; from 65 to 75 years, 140; from 75 to 85 years, 14.