News, Nov. 21st, 1891), reports three cases of laparotomy for perforation with one recovery—a female, aged 31. He states that so far the operation has been performed nineteen times with four recoveries, though two of them were doubtful cases of typhoid fever. The author concludes his paper by stating that there is no rational treatment for perforation in the course of typhoid fever but laparotomy, and early laparotomy offers the most hope. He also states (though why I cannot say) that the published statistics of laparotomy for this condition are strongly in favour of operation, for he also states in the preceding page that "if we include only closely diagnosticated cases, it (his case) is the twelfth and the first recovery." The statistics of Dr. Fitz would encourage us to leave these cases to nature and not trust to a laparotomy, the result of which, even in the most carefully performed operations, are anything but encouraging.

Removal of the Vermiform Appendix in a Child Twenty-two Months Old.—Dr. J. E. Summers reports this operation, which was successfully performed for suppurative appendicitis. Fenger reports a fatal case of appendicitis in an infant aged seven weeks. Matterstock reports a case at seven months, and Fitz and Matterstock each report a case at twenty months. Fitz found, out of 247 cases of this disease in children, 80 per cent. occurred in males. Dr. Summers' case rapidly recovered after the removal of the gangrenous appendix.

Surgical Treatment of Pyloric Stenosis.—Dr. Nicholas Senn read a paper on the above subject before the recent meeting of the New York State Medical Society (*N. Y. Medical Record*, Nov. 7th and 14th, 1891). He divided his subject into (1) the operative treatment of cicatricial stenosis of the pylorus, and (2) the operative treatment of carcinoma of the pylorus. Dr. Senn stated that cicatricial stenosis of the pylorus frequently followed ulceration or traumatism in this situation. The usual results followed —first, obstruction to outflow of food, and, later, compensatory hypertrophy and dilatation of the walls of the stomach. The operative treatment of a cicatricial stricture at the pyloric end consisted in pylorectomy, digital divulsion after Loreta's method, by the formation of a new pylorus, by the pyloro-plastic