

this affection by many observers with widely varying results.

Concerning the cases in question the youngest, a decidedly rachitic girl of four years, was given five drops four times daily, the other two, fairly healthy boys, each received six drops four times daily. Under the treatment the disease developed apparently about equally severe in all. The paroxysms varied from fifteen to twenty daily; vomiting occurred frequently during the second week, during which time the disease was most severe, the patients presenting the typical appearance; the eyes congested and the faces puffed and swollen. At about the eighteenth day of treatment the disease began to subside, the number and severity of the paroxysms diminished rapidly; the vomiting ceased, and at the end of the fourth week, greatly to my surprise, they were practically well, as far as the pertussis was concerned.

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Brodie, R. C. (Glasgow): Tuberculosis of the Peritonæum and Uterine Appendages in a Child. (*Glasgow Med. Journ.*, 1892.)—

The patient, a girl aged six years, was taken ill a fortnight before admission to the hospital, with a feeling of sickness and pains in the belly and head. Since then the bowels have been loose. On admission she had evidences of well-marked rickets, and she was pale and emaciated. The belly was much swollen, the superficial veins were prominent and there was some fluid in the peritoneal cavity. She remained in the hospital four months, during which time the temperature was of a distinctly tubercular type, but she was much improved when she was discharged.

She was readmitted eight months later. The abdominal symptoms had returned, and there was distinct thickening and tenderness of the peritonæum around the umbilicus. This tenderness increased, and finally an abscess formed and opened, leaving a permanent fistula, which discharged at times pus, and at times formed faecal matter. She died after an illness extending over a period of one year and eight months.

The *post-mortem* examination showed a fistulous opening at the umbilicus which led into a loop of bowel, numerous and well-organized pleuritic adhesions, very extensive abdominal adhesions; the peritoneum presented a very matted appearance,

and the viscera were all firmly welded together. The left iliac region contained two or three pints of semi-gelatinous material, which proved to be fibrinous exudation. The peritoneum and the great omentum contained cheesy, tubercular masses, and there were many caseous mesenteric glands. There were numerous tubercles in the peritoneum, ovaries, and Fallopian tube. The case was essentially one of tubercular peritonitis, with secondary infection of the spleen and reproductive organs.

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Post-partum Appendicitis.—H. M. Neale, M.D., writing in the *Medical Record*, says: "During the past few years several cases of appendicular inflammation in women, which developed immediately after childbirth, have come under my observation. And so frequently have I noticed this condition that I am now thoroughly convinced that there is some cause for this phenomenon other than the extension of an inflammation of either septic or traumatic origin from the organs more directly concerned in the act of parturition. The most reasonable explanation for the occurrence of appendicitis at this particular time, that suggests itself to my mind, is the fact that the cæcum is filled, or partially filled, as the case may be, with faecal matter during the process of labour. When the pains become harder and harder, and the intervals between the pains become shorter and shorter and the contractions of the abdominal muscles are violent, the contents of the abdominal cavity are subjected to a high degree of pressure; this may force the contents of the cæcum, or a portion of them, into the appendix, and an inflammation of a more or less serious character may result. If only a fluid or semi-solid substance enters the appendix, the resulting inflammation will probably be slight, owing to the fact that as the appendix swells and an exudation is thrown out, and as the walls of the appendix begin to distend, the contents will partially or entirely pass back again into the cæcum and the inflammation rapidly subside. When an appendicitis of the nature just described is present we may have scarcely any constitutional symptoms, or they may be very severe, and subject to the same changes and influences that characterize inflammation elsewhere. In most of the cases of this character a tumour can be felt at McBurney's point which is very painful to the touch but disappears