hyperæmic areas. Streptococci, but no bacilli, were found in the sputum. After ineffectual treatment by lactic acid, silver nitrate, the galvano-cautery was tried with good result. Creasote and cod liver oil were administered with inhalations twice daily, of menthol and creasote.

Some Notes on Some of the Peculiar Phases of Appendicitis, by J. F. W. Ross. Following is a brief resume of the paper:

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We are no nearer a conclusion as to the cause of appendicitis than we were eight or ten years ago. It is vet unknown. The "foreignbody" theory is probably partly correct. It is of common occurrence among children, and the aged are not exempt from it. The disease may remain latent for some time and several symptoms show themselves suddenly. The amount of pain varies in different cases. discovery of McBurney's point is of much clinical value. tion through the rectum should be remembered. A man may have an abscess near the cocum and experience little inconvenience beside a tired and chilly feeling, unless the pus burst into the general peritoneal cavity. The pus may burrow into pockets. Accompanying the disease of the appendix there may be a phlebitis. the veins of the mesentery are inflamed, and violent rigors ensue. Dr. Ross does not advise operation in the acute stage of the disease if invasion of the peritoneal cavity has taken place with collapse. has operated in such cases, but with little success. In some cases he thinks it wiser to make a simple incision through the abdominal parities, and keep the wound open by iodoform gauze. where localized abscess has formed he keeps his incision well out towards the bone, and reaches the pus accumulation from behind. He has never yet lost a patient suffering from the recurrent form of the disease when he has operated between the attacks. He operates for repair of damage subsequent to the disease if there is (1) a fatal fistula; (2) an unhealed sinus; (3) prolapse of the bowels through an unhealed ulcer; (4) a hernial protrusion of the abdominal contents. The paper contains references to many unique cases.

Cystic Tumors of the Ovary Complicating Pregnancy and the Puerperal State, was the title of a paper by Dr. H. Meek, of London.

CASE I. Was the history of a patient seen in Mr. Lawson Tait's Hospital in Birmingham, where a suppurating dermoid cyst had interfered with labor, and in about three months removed. Patient died in thirty-six hours.

CASE 2. The pregnancy and labor had been normal for the first child, but eight months previous to operation second pregnancy had been attended with difficulty, and the attending physician had