

He considers it desirable to ascertain at what age children generally acquire tuberculosis infection. In this way he hopes that we may be placed in a position to institute proper hygienic measures for the prevention of tuberculous infection in childhood, especially at the period of greatest danger.

OPHTHALMOLOGY AND OTOTOLOGY.

Under the charge of G. STERLING RYERSON, M.D., L.R.C.S., Edin., Professor of Ophthalmology and Otology Medical Faculty, University of Toronto.

APPENDICITIS COMPLICATING THE PUERPERIUM.

A. M. Judd, M.D., in *Medical Times*, March, 1909, is convinced that there is a causal relation between the birth of the child and the inflammation of the appendix.

He includes in his paper only those cases of appendicitis occurring from the period of child-birth up to ten days post partum. He has studied twenty-two cases found in literature, and one case that occurred in his own practice.

He dwells on the anatomical relationship between the internal genitals of the female and the vermiform appendix, and the displacement of these organs during parturition and the puerperium.

Reference is made to the aberrant course of the ovarian vessel beneath the cæcum in some cases, and to the continuity of the peritoneum and sub-peritoneal cellular tissues with their anastomosing vesicular and lymphatic channels. Such relations undoubtedly inviting the extension of an inflammatory condition from one region to the other.

The author argues that the etiological circumstances would be most active within a few days after parturition, and that their potency would rapidly subside as the tissues and organs assume their normal relationship. This is verified by the cases studied, two-thirds developed during the first four days post partum.

Parturition acts probably mechanically by displacement, probably by direct pressure or by traction on adhesions; thus bringing about interference with the circulation or partial necrosis or otherwise damaging the tissues.

Reference is then made to the fact that micro organisms of various kinds may be walled off in the tissues and rendered harmless temporarily, yet retain their vitality. Thus previous attacks of appendicitis may predispose to recrudescence of the condition after parturition.

"Whenever there is a history of any previous symptoms of appendicitis and other causative factors of fever following child-birth such as infectious material remaining in the uterus, or where the genital tract does not furnish any evidence of infection having taken place from with-