remain persistent it indicates acute general peritonitis. The tenderness, he observed, is best marked at McBurney's spot, and the reason that this is the point of greatest pain is that it is just at this part that the appendix arises from the cecum. Though we may have appendicitis without the sign of any tumor, a swelling is generally present on the second or third day in the right iliac fossa; with a long appendix hanging in the pelvis the tumor cannot be felt. The tumor may consist of intestine, peritoneum, exudation, and possibly pus, and therefore dulness is not persistent. Should, however, a tympanitic note remain persistent, the signification is that there is gas in an abscess cavity. The formation of pus, without its evacuation, causes the patient to rapidly waste, and the presence of indican in the urine is noticed. In acute appendicitis, with the formation of pus we have an excessive number of leucocytes in the blood, and this has been relied upon by some as one means for the differential diagnosis of appendicitis from typhoid.—*Medical Press and Circular.*

Pyloric Stenosis in Tuberculous Persons.

Patella at the Congress on Tuberculosis recently held in Naples said he had seen three cases of stenosis of the pylorus caused by fibrous peripyloritis developed in individuals who at least three years previously had presented symptoms of tuberculous lesions of the lung, which had passed into the phase of obsolescence. In two of the cases gastro-enterostomy had been performed by Colzi and De Pauli, with the result that the patients, who were in a state of extreme marasmus, regained weight and strength. In these cases, in addition to thickening of the pylorus there were found nodules of fibrous appearance: examination showed that these were not of tuberculous nature. The author affirms that the conditions found gave no ground for the belief that the peripyloritis was tuberculous; he thinks that they are examples of slow sclerosis dependent on tuberculous intoxication, the effect of which may, according to Potain and his school, become manifest in various parts, especially where (as at the pylorus) there is considerable movement. Whatever be the interpretation of the condition, he urges that in such cases surgical intervention should not be delayed.—*British Medical Journal.*

Treatment of Vaginismus.

Dr. Verchere, in *La Medecine Moderne*, says the first advice to give a woman suffering from vaginismus is to suppress all genital excitation, since absolute and prolonged rest of the organ may of itself alone bring about a cure. Iodoform is