in the hands of some of the French surgeons is said to have met with gratifying results.

"Personally, I have had better results with borolyptol in this class of cases than with any other remedy which I have employed. This seems to have a powerful germicidal effect, while the fact that it does not irritate the bladder renders it pleasant to the patient. It is used in the strength of from 1 in 8 to 1 in 16 in irrigations, by the hydrostatic method. After a few irrigations at the office, the patient will be able to use it every night at home. I have one patient now under observation who suffered for a number of years from a most aggravating frequency of urination accompanied by pain, dependent upon a tubercle cystitis. Under this treatment the urine has cleared up, the tubercle bacilli have disappeared, and the patient can hold his urine from seven to nine hours at night, and from four to six hours during the day.

"Internally, in connection with any local treatment, an antispasmodic and an internal antiseptic should be used as a palliative measure; it is wonderful how much relief may be given to the patient by this means, even although pus remain in the urine and the tubercle bacilli still be found. One patient has been coming to me for three months, who was entirely relieved of his disagreeable subjective symptoms by a mixture containing 10 minims of the tincture of belladonna, 15 grains of benzoate of soda, and oil of gaultheria up to one drachm, t.i.d., although not until he was put on the borolyptol irrigation did the pus and tubercle bacilli in the urine diminish to any marked degree. The effect of the palliative internal medication is worthy of notice, in view of the fact that he had suffered for fourteen years, and had been under the care of many different physicians without relief, having most probably been over-treated by too much instrumentation and too frequent or too irritating irrigations."

Appendicular Pleurisy.

Under this title Professor Dieulafoy calls attention to the frequency of pleural infection in connection with appendicitis, a frequency which appears to be more marked than is generally suspected. He ascribes the complication to direct infection of the pleura through the lymphatics, and this view concords with what is known of the essentially ineffective nature of the appendicular lesion. It usually makes its appearance between the eighth and fifteenth day after the onset of the appendicitis, it is as apt to occur in the mild as in the severe cases, and it is usually the right pleura which is the seat of the secondary infection, the initial symptoms of the pleurisy being masked