Chantemesse pointed out that one is not justified in pronouncing a tuberculosis to be endogenetic merely because the lesions are deep seated; in Lermoyez's cases, therefore, the disease might have been exogenetic in spite of the microscopic appearances. Lermoyez, in reply, claimed to have shown that there is a tuberculous variety of post-nasal growths which simulates ordinary adenoid vegetations, and which, whatever may be its origin, may be the starting point of general tuberculous infection — *British Medical Journal.*

SURGERY.

Case of Intestinal Obstruction due to Adhesions Round the Vermiform Appendix, the Result of Appendicitis Three Years Before.—On March 17th of this year, the patient (John H., age 20) was seized with pain in his abdomen, felt mostly below and to the left of the umbilicus. He was constipated. He took to his bed, and a doctor was called in, who gave him an enema of hot water and turpentine. This brought nothing away. Nine similar enemata were given during the ensuing week, and on one occasion a hard fæcal mass was brought away by the injection. But for this there was complete constipation; but the patient thinks that he passed some flatus.

On the evening of the 21st patient began to vomit. He describes the vomit as being "reddish" at first, and he noticed no special odor about it, but next day it became brownish, and had a distinct fæcal odor. The abdomen gradually became distended, and the pain increased, and he was sent to the Manchester Infirmary. On admission patient was found to be suffering from constipation, fæcal vomiting, and severe abdominal pain. His face was pinched, and had the anxious expression found in abdominal cases. The abdomen was greatly distended, chiefly in the middle, the flanks being unaffected.

Patient stated that he had had an attack of typhoid fever in November, 1890, which kept him in bed for three months. During this attack he had no diarrhœa, but, on the contrary, constipation. He remembered no other illness.

On examining the abdomen, Mr. Jones thought he felt resistance in the right iliac fossa, and though the pain was not in this region, he determined to open the abdomen here and explore.

Operation, March 24th.—Chloroform was given, and a small hard mass could be felt in the right iliac fossa. An incision, about three inches long, was made in the right linea semilunaris and the peritoneum was cut through. Adhesions, apparently of long standing, were found round the cæcum. The appendix was as thick as an average-sized finger, and more than four inches long. It dipped into the pelvis, and its extremity was there adherent, causing occlusion of the gut by dragging on it. The adhesions were separated, and about two inches of the appendix were removed. The stump was ligatured, and its peritoneum was stitched over it by means of three Lembert's sutures. The part was washed out with boracic lotion and thoroughly dried, and then the wound in the abdominal wall was closed with silk sutures, no drainage being used. Dry dressings were applied, and patient went back to bed. He made an uninterrupted recovery. The temperature never rose to 100°; the pain and vomiting ceased. He was fed by the bowel, each enema containing for the first day or two a little liq. opii. sedative. The bowels acted naturally on the fifth day after the operation. On April 20th patient was allowed out of bed, and on the 24th he left the hospital. He has been seen twice since, and has continued quite well.

From what was found at the operation, it seems likely that the illness that patient had in 1890 was not typhoid fever, but appendicitis. It is interesting to note that the pain was on the left side of the abdomen, and that McBurney's point was absent. For the notes of the case we are indebted to the dresser, Mr. Paget Moffatt.—MR. JONES, in *Manchester Medical Chronicle.*

Treatment of Gonorrhœa.—Dr. Edward Martin, of Philadelphia, after investigating different remedies and methods of treatment of gonorrhœa in a large number of cases, says: Concerning the conclusions which this series of observations seemed to justify, the following is a *resume:*

1. The abortive treatment of gonorrhœa by means of a ten per cent. solution of nitrate of silver injections applied to the navicular fossa is advisable when the disease is seen in its earliest