

spasms changing from tonic to clonic although they invariably began tonic. Trousseau's symptom was very well marked, and I could bring on a tonic spasm at any time by pressure of any of the large vessels. Morphia first tried, did not relieve the spasms to any extent, nor did large and repeated doses of the bromides, but they succumbed speedily to chloral and bromide combined.

The festering fingers, to which I have alluded, and which had proved so obstinate with him, healed at once when discharge came freely from leg.

Why did the original wound on knee, heal so kindly, with no untoward symptom, it being the door of the introduction of the poison and the medium of contamination to the whole neighborhood?

Would this case bear out the theory of Weiss that tetany is caused by an irritable condition of the gray matter of the medulla? It was undoubtedly caused by a toxic condition of some of the large nerve centres, the poison being conveyed from the contaminated neighborhood.

A good many would probably classify this case as one of pyæmia, but as there was general systemic poisoning, other tissues than the blood being extensively implicated, I decided upon the term septicæmia.

Selected Articles.

SURGICAL ASPECTS OF PERITONEAL TUBERCULOSIS.

The element of romance which has developed within recent years around tubercular lesions of the peritoneum has not yet evaporated. The striking and unexpectedly favorable results of operative interference in tubercular peritonitis continue to afford a congenial subject for speculation. So far as the anatomical and physiological peculiarities of the peritoneum are known to us, we do not find in them a sufficient explanation of the clinical fact that tubercular disease in the peritoneum is benefited by surgical exposure of the diseased tissue to a degree which does not obtain in the pleura, synovial membrane, tendon-sheaths, skin or in other organs and tissues.

Following the initial successes of Spencer Wells and König, cases of tubercular peritonitis subjected to laparotomy have been recorded in increasing number by different surgeons following different methods, and it has been found, broadly

speaking, that benefit resulted whether the peritoneal cavity had been irrigated or simply inspected, whether drainage had been employed or not, whether iodoform, camphorated naphthol, or other agent credited with the possession of anti-tubercular properties had been introduced, or such procedure omitted.

As a result of the empirical knowledge thus acquired, it was only natural that the favorable influence of laparotomy should have been ascribed to one or other of the incidental accompaniments of the operation.

The removal of ascitic fluid seemed a reasonable explanation of the phenomena in cases where a quantity of fluid had been evacuated, but that it is not the essential factor is shown (1) by the comparative absence of improvement in cases in which the fluid has been aspirated; (2) by the fact that improvement has resulted from laparotomy in cases where there has been no fluid to evacuate; and (3) by the fact that in cases in which the surgeon operated with the object of evacuating fluid, and because of the fluid being circumscribed or encysted it was not possible to reach the accumulation, recovery ensued, although fluid was allowed to remain within the abdomen.

The admission of air into the peritoneal cavity is still regarded by a small minority as the explanation of the phenomena under consideration, and they claim to have achieved a certain measure of success by drawing off the fluid through a cannula and pumping in air or oxygen which has been sterilized by passage through cotton-wool and warmed by passage through hot water. It is highly improbable that the entrance of air or gas has any influence in the beneficial results so obtained. In operating for tuberculous ascites, air does not enter the peritoneal cavity unless the procedure is modified with this object in view, and yet the number of cases benefited by simple incision already amounts to several hundred. It therefore appears illogical to ascribe the benefit to that which, after all, can only be an infrequent and accidental accompaniment. It is hardly incumbent on us to consider separately the other theories which have been suggested, although they have been advanced in all sincerity by competent observers. The escape of ptomaines and toxins, the entrance of antagonistic organisms, the exposure of the peritoneum to sunlight, the anæsthetic, a modification of the state of pressure within the abdomen, have each their respective advocates and adherents.

It does not seem unreasonable to infer that the incision itself is the one constant and essential factor in the curative influence exerted by laparotomy, and that the benefit is due to the surgical interference *per se*, and not to any particular method of interference, nor to any of its incidental accompaniments.