

4. In the majority of cases the onset of the disease is unnoticed. The first thing usually noticed is that the child has become thin and pale without apparent cause.

5. The presence of a serous pleurisy at the same time as a tuberculous peritonitis markedly facilitates the diagnosis.

6. The most valuable diagnostic symptoms are those caused by the presence of adhesions.

7. Examination of the fluid removed from a case of tuberculous peritonitis will show that it is rich in albumen and of high specific gravity.

8. The diagnosis is especially difficult in cases of chronic ascites accompanied by tuberculous pericarditis.

10. It is very exceptional that the onset of tuberculous peritonitis is anything but insidious.—*Kipil. Arch. f. klin. Chir.*

THE SUCCESSFUL TREATMENT OF GONORRHEA AND ALL INFLAMMATORY DISEASES OF THE URETHRA BY PACKING IT WITH AN ANTI SEPTIC OILED DRESSING.

Finding the injection, irrigation and internal treatment of gonorrhea unsatisfactory, the author has devised the following technique: After the patient empties his bladder completely, the urethra is irrigated with a hot solution of potassic permanganate, about one to three thousand. The packer which he has had constructed is then introduced into the urethra as far as the inflammation extends, and through it the urethra is lightly packed with one inch continuous gauze strips, or loosely spun cotton cord, saturated with one of the following solutions:

R_y Iodoform.....gr. xcv
Balsam of Peru..... $\bar{3}$ iv
Castor oil.....q. s. ad. $\bar{3}$ iv

Rub iodoform in castor oil, then add balsam of Peru. Or:

R_y Ichthyol,
Resorcin.....aa gr. xl
Balsam of Peru..... $\bar{3}$ iv
Castor oil.....q. s. ad. $\bar{3}$ iv

M Ft. sol.

The patient is now instructed to go as long as he possibly can before urinating, when the cord is slowly removed. It is necessary to pack the urethra ordinarily once, but in some cases twice a day until the discharge ceases, then every