2. My cases 4, 5 and 6 afford some evidence in favor of the theory that a cheesy deposit, the result of suppuration, is the parent of tubercle wherever found.

3. In these cases the origin was in the suppurative disease of the appendages.

4. The early removal of such focus is urgent in certain subjects strongly predisposed to tubercle when other indications may not be strong enough to justify it.

5. Abdominal section in these, as in less serious conditions, has with proper precautions been as an operation recovered from in such a large proportion of cases as to amply justify its performance to clear up a doubtful case.

6. A mass of evidence has accumulated in favor of the beneficial effects of abdominal section in tubercular peritonitis such as it is difficult to resist.

THE LOCAL ASPECTS OF THE PRESENT PNEUMONIA EPIDEMIC.

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It is curious to note that, whilst reporters seem to have been scattered broadcast amongst the physicians of the city, by editors, and have created much nervousness and apprehension by their vivid depictions of the spread of the current disease, none of them seem to have sought information as to its domestic treatment whenever they found their medical quarry at his house, possibly nursing himself through an attack. Indeed, few medical men seem to have utterly escaped the grasp of *la grippe;* and those who have done so and have been interviewed, appear to have confined themselves to generalities rather than imparting to interrogators the gist of any special treatment. It is true that to do so has been denounced as unprofessional; but medical ethics vary very much with locality. *Why* it should be wrong for a physician in Chicago to give his views as to the medical treatment of a disease in the daily newspapers, and right for another to brag in a *medical summary* for December that "he does not dread diphtheria more than a bad cold," further setting forth his treatment of it with chlorate of potash and tincture of