of the bacillus and to a rapid degeneration and destruction of the organs from the toxins generated by it.

Pregnancy or abortion, as well as some acute diseases, may have a causal relationship to the development of tubercular peritonitis. In order to illustrate the benefit of operative treatment in this disease, I will briefly relate a case occurring in my own practice:

Mrs. P. N., a married lady, aged 26, consulted me July 1st, 1897. She said she had been married eight weeks; that previous to that event she had been in good health, but for the preceding month she had been sick in the stomach, particularly in the morning, and had vomited daily, and was suffering almost continuously from nausea. The patient was of medium height, fairly well developed, fair complexion, rather inclined to be florid. She said she had never been ill, but, on close questioning, confessed to having had a miscarriage at the fourth month nearly a year previously. Her family are of a neurotic type. The patient also admitted that since the miscarriage her menses had been extremely irregular and attended with more or less pain, and that she was normally of a constipated habit. I suspected pregnancy, and prescribed oxalate of cerium with subnitrate of bismuth. About the 15th of August the patient called on me again, stating that she had been away on a visit in the meantime, but the nausea and vomiting had continued with more or less frequency and that she had menses lasting about two days. I prescribed again with a view of quieting her stomach and relieving the nausea. On the 1st of September the patient returned, this time complaining, in addition to nausea and occasional vomiting, of some pain in pelvis, of a stitch-like character, and had also observed that she was increasing in size over the abdomen. The patient stoutly maintained that she did not believe she was pregnant, but thought that a tumor was growing within the abdominal cavity. After a careful examination I concluded the patient was not pregnant, nor were there any indications of a tumor either in the pelvic or abdominal cavities. The abdomen was distended to some extent, which appeared to be due to intestinal flatus.

During the succeeding four months I saw the patient quite frequently. She was around attending to her domestic duties, but complaining of loss of appetite, nausea, morning vomiting, lancinating pains at times in pelvis and abdomen, and constipation. She was now considerably reduced in flesh and markedly paler. During this period she had not menstruated, On January the 5th I was hurriedly summoned to see her. Her temperature was 104 (hitherto I had never observed any elevation of temperature), pulse 120, vomiting frequently, abdomen