

healthy and smooth a year or two after the operation for tuberculous peritonitis in persons again subjected to laparotomy for some other condition. In conclusion I need hardly remind you that neither the diagnosis nor the operative procedures are always of this straightforward type—all degrees of complexity being met with—and I would urge that we should exercise a keener look-out for the early forms of this well-known disease, so that the patient may be given a fair surgical chance, either at our own hands or those of our more expert surgical brothers.

In conclusion I would like to express my thanks to Dr Moore who so ably assisted me, and to Dr. John Stewart for the kindly interest he has all along taken in this case.

