with diseases of the uterine appendages, the cases are not so old, as operations for the latter condition are comparatively modern. A number of these, however, are reported as comparatively well several years after operation. If the theory held by certain eminent Germans be true, that the parent of tubercle anywhere is some cheesy mass or degeneration, then we are furnished with a strong argument for removing early suppurating conditions in the pelvis, which may, in those predisposed, lead to the development of peritoneal tuberculosis.

The results of abdominal section in such conditions may justify the following conclusions :—

1. The hitherto accepted universally unfavorable prognosis of tubercular peritonitis must be revised as a result of what we have learned by abdominal section. Recovery has taken place in a goodly number of cases after operation, and probably also in some not so treated.

2. 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 the cases alluded to the origin of the disease was probably in the inflammatory disease of the uterine appendages.

4. In certain strongly predisposed subjects the early removal of such possible focus of tubercle is urgently indicated.

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

6. In a certain number of cases the operation may, with some reason, be fairly claimed to have been beneficial.

Discussion.—Dr. Lapthorn Smith said that Dr. Gardner was to be congratulated on reporting his failures as well as his success. Although the result had been so discouraging he believed that this treatment had a great future before it. When there was tubercular disease of the of the appendages, Winkel says the result of the operation is not promising ; nevertheless, in the hands of American operators the removal of tubercular appendages had been followed by good results. The speaker thought that the operation was not justifiable if there were tubercular disease of the lungs, but in chronic peritonitis, no matter whether due to tubercle or not, he was prepared to open the abdomen, break down adhesions and wash out. During the course of his reading he had seen at least a dozen cases reported in different countries in which marked improvement had followed this treatment. Dr. McDonnell had reported several cases of collections of fluid in the peritoneal cavity, which had been permanently cured by repeated tapping, and as laparatomy in proper hands was now no longer a more serious operation than tapping, while to the advantages of tapping could be added the beneficial effects of washing out, and even drainage. Another advantage to be derived from laparotomy was that adhesions could be broken down and then the intestines were set free to perform their functions. He was inclined to think that this was the secret of the mysterious but undoubted improvement following exploratory sections. A question that had arisen was with what shall we wash out ? Unfortunately, the solutions which were sure to kill the tubercle bacilli were equally fatal to the patient, so that neither carbolic acid nor bichloride should be used. Since germicides have been abandoned the mortality from abdominal sections has fallen enormously, so that there were several "runs" of a hundred sections without a death on record. So that it was clear that an exploratory section was almost devoid of danger. An interesting point was the cause. The speaker believed that just as tubercular disease of the lungs was caused by breathing tubercular air, so tubercular disease of the peritoneum was due to eating tubercular food. The peritoneum was now known to be a vast lymph sac, through which much or most of the food passed on its way from the intestines into the thoracic duct, and he could see no reason why the bacilli could not pass from the intestine into the peritoneal cavity with the lymph. On the whole, he thought that this paper was important for the practitioner as well as the abdominal surgeon, as the latter would never get the cases unless they were suspected and sent to them by the general practitioner.

Dr. Alloway also congratulated Dr. Gardner in reporting his failures. He had seen three of these cases during operation, and there was no mistaking them for anything else than tubercular peritonitis. He had often thought that