

SUBSEQUENT HISTORY. The number in good health after operation is 14; in fair health, 4; in poor health, 1; number without subsequent history, 9; making in all 28. There were 13 deaths: 6 died of phthisis pulmonalis; 1 of tubercular laryngitis; 1 of acute pneumonia; 1 of cerebral tuberculosis; 4 shortly after operation.

SUMMARY. One is bound to confess that but little more is known of this disease than was known years ago. No advance has been made. Many theories have been advanced as to the effect of operation, the surgeons have puzzled their brains to determine the exact manner in which surgical operation benefits the patient. Some have stated that it is the entrance of air; others that it is the increased congestion of the peritoneum produced (but it seems as if increase of congestion is almost impossible as the intestines are already so loaded with blood); others claim that it is the mixed infection that is introduced. The physicians state that we are "barking up the wrong tree," that surgical operation has no effect whatever, that patients do just as well without surgical interference and make as rapid and as complete recoveries. They state further that these recoveries are not influenced by the administration of drugs.

After everything is taken into consideration, we are forced to the conclusion that there is an inherent tendency in the tuberculous patient to cure himself. Something seems to act on him like the breezes on the surface of the water purifying the depths below. But our research does not appear to have brought us any nearer to a solution of the "mystery," to a knowledge of what that "something" is.

All the cases that have come under my care are not included in the table. I have treated others "without" surgical interference and am free to admit that the results have been satisfactory. As a surgeon, however, I prefer to operate on such cases as I still have a lingering belief that convalescence is somewhat hastened thereby. This belief may be an erroneous one.

TUBERCULAR DISEASE AFFECTING THE INTESTINAL WALL.

We have now to speak of tubercular disease affecting the intestinal wall. In the table three cases of this kind have been noted. The portion of the intestinal wall affected in two of the cases was the omega flexure of the colon; in one case the small intestine was the site of the disease. In two other cases seen on which no operation was performed the omega flexure was also the site of the disease, so that it seems as if tubercular disease is particularly prone to affect this part of the bowel. One of my patients had been fighting against tuberculosis for years.

Symptoms.—The symptoms produced by the deposit of tubercle