

Many of these cases were found to recover, so that in recent years operation is often deliberately undertaken in cases suspected to be tubercular peritonitis.

Kuemmell of Hamburg has collected thirty such cases, beginning with one by Spencer Wells so long ago as 1862. Of these, only two died directly from the operation, while three died from general tuberculosis in from five to twelve months after operation. Altogether of Kuemmell's collection of cases, there were twenty-five cures of from nine months to twenty-five years duration. No doubt, however, many fatal cases are unreported.

Abdominal section for cases similar to *Cases 3, 4 and 5* of my collection are much more recent, because of the comparatively recent extension of abdominal surgery to the extirpation of diseased uterine appendages. But the result has been, to say the least, equally encouraging as in the cases of encysted collections of fluid simulating ovarian tumor. Mr. Greig Smith has recently suggested a modification of the treatment hitherto adopted in abdominal section for suppurative peritonitis. It consists in keeping the intestines floating in warm aseptic or antiseptic fluid for several days. The solution he prefers is an ounce of boro-glyceride to a pint of hot water. This is run in through the drainage-tube several times a day, and kept there by corking the tube. So far he claims encouraging results.

I may here anticipate an objection of some weight that the diagnosis of my cases is not complete, as the bacillus of tubercle was not sought for. I regret this, and in future cases hope to remove this objection. At the same time the naked eye evidences taken with the symptoms were such as to leave little, if any, room for doubt as to the condition I claim to have been present. On this point, as on all others, I invite discussion, and a presentation of evidence of the existence of conditions which to the naked eye simulate genuine tubercle.

I venture to submit the following conclusions:—

1. The hitherto accepted universally fatal prognosis of tubercular peritonitis must, as a result of what we have learnt by abdominal section, be revised. It is certain that recovery has taken place in many cases after abdominal section and probably in others not so treated.