

Time for Operation.—Cheyne says as regards *time* for operation—that in practically all cases where improvement does not follow under medical treatment after a reasonable time, say in from four to six weeks in acute cases, to four to six months in chronic cases, the abdomen should be opened. It is a mistake to wait too long, until the patient gets so run down and poisoned by toxins that the chance is gone, and it may be done *too* soon when reaccumulation of the fluid seems predisposed to. It should be done if there is pain and disability from bands and kinking of the gut in the adhesive forms.

The Operation.—In operating it is important not to attempt too much. Excision of tuberculous ulcers, removal of tubes or of the appendix, which are sometimes the primary foci, should not be undertaken unless one finds only quite a commencing peritonitis at that part—lastly, in case of doubt it is better to operate than not. It is unnecessary to flush the abdomen with antiseptic solutions, to get it absolutely dry by sponging, etc., or to drain the cavity. Care must be taken in opening the abdomen lest adhesion be present and the intestine injured. Rents, if made, either in intestine or peritoneal coat must of course be carefully stitched up.

Even where pus is present it is better not to drain, but to flush out with normal saline solution, inject a little iodoform emulsion and close up. Improvement may begin at once or be delayed some little time. The operation has been repeated three times on more than one patient with ultimate success, and has many times been repeated at short intervals.

Rationale.—No satisfactory explanation of the results obtained by this treatment has been given. Watson-Cheyne suggests the following theory, viz.: That where a large quantity of fluid is rapidly removed, serum is poured out to a considerable extent, this serum containing antitoxins manufactured in the blood in the course of the disease and thus being anti-bacteric. It bathes the peritoneum and so weakens the bacilli on it that phagocytosis goes on effectively, while the increased fibroid formation and fibroid changes in and around the tubercles complete their destruction.

This to my mind seems hardly to explain the improvements obtained in the dry forms of the disease. Whatever be the explanation, the fact remains that abdominal section *does* cure these cases. This has been proved both in the post-mortem room, and in laboratory experiments on animals. The peritoneum has been found quite