

*Operation.* Explaining the difficulties of the diagnosis to the parents I obtained their permission to operate, and accordingly, on April 29th, 1901, opened the abdomen by a median incision. Small tubercles were found scattered over the intestines, and a few larger ones could be felt over the pelvic contents. In no instance had they gone on to ulceration and there was not any ascites. Passing in a gauze sponge it came out quite dry. The abdomen was closed in layers, using fine catgut for the peritoneum, chromicized gut for the fascia and fine gut for the skin.

*Progress.*—The after progress was very satisfactory. Pain never returned, and the temperature and pulse immediately began to fall. The temperature reached the normal by the ninth day, and although on two occasions afterwards it shot up, it came down immediately on receiving a purge. A noteworthy effect was the fall in frequency of the respirations—from 38 before operation to 26 afterwards.

She was kept in bed for three weeks, and allowed out by the end of the fourth week. Although a year has now passed she continues well, and plump, and rosy, nor has she required any medical attendance since the operation.

The condition found at the operation quite explained the difficulty of diagnosis. There was no ascites, no matting together of intestines, and nothing to give particular physical signs. The teaching of the present day seems to be that those cases of tuberculosis that we may expect to benefit by operation, are those in which fluid is present; and, indeed, Dr. R. B. Hall, of Cincinnati, gives the absence of fluid as a contraindication to operation (*Am. Jour. Obs.*, Nov., 1902). That the little patient has benefited there can be no doubt, but whether the improvement will be permanent or not, it is as yet too soon to say.