

ascites has reaccumulated, which is the exception. I would like to mention a case which developed characteristically of appendicitis, and upon whom I operated on the fourth day of her illness and found a tubercular peritonitis, with a small quantity of fluid in the peritoneal cavity. Her appendix was enlarged and thickened, but unfortunately no microscopic examination was made, and I cannot say if the primary tubercular focus was in the appendix, although I suspected it. The peritoneum, covering the appendix, was filled with nodules in common with the rest of the intestines.

She made a good recovery, her temperature and pulse both becoming normal in the course of four weeks, and the last I heard of her, six months after, she was quite well.

The tubes were presented, together with microscopic specimens, showing caseous nodules, giant cells and tubercle bacilli.