ance to the pre-existence of a cheesy mass or degeneration somewhere in the body as the real parent of tubercles wherever they appear. The interest and importance of histories, such as those of the last three cases I have related, is, in this connection, surely most obvious. Presuming the theory to be well founded, the primary disease of the appendages was in these cases the parent of the tuberculosis of the peritoneum. In *Case* 3 the tuberculous pus-distended Fallopian tubes may with some, and I think, good reason be regarded as the commencement of a process that would ultimately have extended to the general peritoneum. The whole subject is still obscure. Concurrent observation by the physician, the pathologist, and, I add with some confidence, the gynæcologist will do much to elucidate the question. Meanwhile it may fairly be claimed that the evidence we already possess in support of the theory justifies us in claiming an additional argument for the early removal of the parent condition before opportunity for bringing forth its evil progeny.

I here anticipate a question with reference to *Cases* 4 and 5. Why not complete the operation as intended, and proceed to remove the diseased structures? I reply that in a considerable number of similarly incomplete, merely exploratory operations, the results have been good, some of the patients surviving with fairly good or very good health indefinitely. The extension of abdominal surgery to the removal of diseased uterine appendages is not yet, however, so old an operation as to justify us in speaking now with too great a degree of confidence. Further, completion of the operation in the presence of universal adhesions and general fusion of structures must have been a formidable procedure. The hemorrhage would have been such that the drainage-tube must have been a necessity under most unfavorable conditions from the presence of general tuberculosis of the structures involved. Prolonged suppuration from the track of the tube must almost of necessity have resulted.

Greig Smith has well remarked that the surgical treatment of tubercular peritonitis has been stumbled on by accident rather than carried out by design. The earlier cases were undertaken on a mistaken diagnosis of ovarian tumor or similar condition.