

without much wasting or anæmia, especially where the fluid was serous. In these the very best results followed simple incision, sponging and washing out of the cavity.

Three cases were cited in illustration by Dr. Webster. In the first a vaginal drainage for a supposed pelvic abscess was followed by the development of a fœcal fistula. After the healing of this and the rallying of the patient, a laparotomy was undertaken in order to evacuate a collection of pus in the upper part of the right iliac fossa. The condition found was one of tuberculous peritonitis with extensive and dense adhesions—so much so that removal of the primary focus, the tubes, was quite impossible.

On the other hand, a case of complete cure was cited; in this there was a large collection in the lower abdomen, closely resembling an ovarian cyst, in a woman of 40 years. This was opened and drained. The patient left the hospital with a drainage tube sinus. One year after, she returned for closure of the sinus. On opening the abdomen one tuberculous mass was visible. This was excised, the wound healed and two years after the first operation the patient was alive and well.

In the third case, a cure was quite unlooked for. This was the case of a young man, 22 years old. Two large collections of pus were opened and in both openings fœcal fistulæ developed. The patient went down hill rapidly and death seemed imminent. He was taken home but soon after rallied, the fistulæ eventually closed and to-day he was quite well.

The further discussion was continued by DR. HIGGINS, of the Bacteriological Laboratory of the Department of Agriculture. He exhibited a specimen of a portion of the intestine of a guinea pig. The specimen showed tuberculous ulceration, due to infection by ingestion of milk from a tuberculous cow. He cited experimental research, which showed the entrance of tubercle bacilli into the lymphatic spaces of the intestine of a guinea pig without there being any lesion of the mucosa or submucosa. He considered the tubercle bacillus as found in bovine and human tuberculosis to be one and the same bacillus. The apparent difference was due to the inequality of temperature in the two hosts. He also cited experiments showing the beneficial influence of high frequency currents upon guinea pigs suffering from tuberculosis.

DR. L. C. PREVOST cited cases of tuberculous peritonitis in which all symptoms were latent, and consultation was sought merely for the unnatural enlargement of the abdomen.

DR. CHABOT spoke on the difficulty in diagnosing some cases of Tuberculosis, Ovarian Cyst and Ascites due to Cirrhosis or other cause. He approved of laparotomy in the adult, but thought that, as a rule, more could be accomplished in children by tonics and hygienic measures.