only in extreme cases, selecting a needle of the smallest calibre to be found. It is true that puncturing a healthy bowel is a matter of very little moment, since the muscular layer quickly contracts about the minute orifice, thus preventing the escape of liquid or gaseous intestinal contents; not so when puncture becomes necessary as a curative measure. Is not the tympanites itself evidence of paralysis, or great loss of tone of the bowel; and would not the increased pressure within the intestine tend to favor the escape of some of the intestinal contents as soon as the needle is withdrawn? Such considerations call for the exercise of the greatest care and discrimination with regard to this step.

The diet should be liquid, easily assimilated, and of a kind likely to leave but little residue. Some form of peptones, or peptonoids, now readily obtained, or, if need be, prepared by artificial digestion, constitutes at once a palatable drink and a food. A little alcoholic stimulant, brandy or whiskey, may be added from the first, and will help to sustain the patient. There should be plenty of fresh air, with a limited number of attendants. Above all I would enforce rest and quiet; and the constant stream of visitors that besets so many a sick-room is to be wholly interdicted.

I have made no reference to surgical measures, because I have been here dealing with what is known as acute idiopathic peritonitis, and surgical treatment is never called for in this disease, unless the case ends in abcess or diffuse suppuration. But with prompt resort to the treatment as here outlined such a termination is unlikely; and even in many of the secondary forms, occasioned by typhlitis or perityphlitis this treatment will obviate the necessity for an operation, which, however brilliant its results, is yet a very grave step for the patient, and not to be undertaken rashly. Despite the almost reckless manner in which the peritoneum is now treated by surgeons, we have the opinion of so brilliant and renowned an operator as Schede, advising against surgical intervention in peritonitis, simple or acute, and in perityphlitis during the height of the process, unless it can be pretty clearly shown in the latter case that perforation and a distinct tendency to sacculation exist.

The treatment of chronic peritonitis need occupy us but briefly. It may, indeed, well be questioned if such a disease as chronic peritonitis ever occurs, excepting that due to tubercular or cancerous infiltration. In both of these conditions supporting treatment, fresh air, good hygienic measures, and, in case of tubercular disease, the selection of a suitable climate, indicate the extent of the physicsan's power.

In cases of tubercular or cancerous peritonitis it frequently becomes necessary to interfere, by surgical means, owing to great distention of the abdominal walls by fluid effusion. The operation of tapping is the classic remedy for this condition, but abdominal section, in the tubercular variety, seems to promise better results, as by means of it some cases have been cured. It is a question for pathologists whether these cases have really been tubercular in character, or whether the miliary nodules may not have been of the character of the tumors described as endothelioma, of which the peritoneum is the most frequent seat. At all events, we have not had records of every case successfully treated by incision, in which an autopsy subsequently revealed the return of the affection, nor can we understand from carefully-acquired knowledge of the life and habits of the tubercle bacillus how the mere exposure to the air for a few moments, and the contact with a warm solution of boric acid or plain boiled water, should permanently alter the conditions upon which its vitality depends. This question trenches, however, on the surgical aspects of the disease.

I am well aware that there can be no claim of novelty in the treatment here outlined, but it is sometimes desirable to burnish our old silver, and let the treasure appear in its true light.—*Philadelphia Med. News.*

Correspondence.

OUR BERLIN LETTER.

BERLIN, 27th Dec., 1890.

(*From our own Correspondent.*)

Editor CANADA MEDICAL RECORD.

DEAR EDITOR,—As promised in my last letter I now beg to furnish some account of work done with Koch remedy at Charitè Hospital in the clinics of Von Bergman, Gerhardt, Leu, Rosenthal, &c., as well as at other hospitals, where good work has been done. The worst case of lupus treated here is the following: Jager, æt. 28, man of good physique and good family history, suffered from lupus for many years. On entering hospital the diseased tissue extended over both cheeks as high as malar bones, and outwards some two inches beyond angles of each jaw, downwards over lips, chin and neck to pomum Adami. Nose eaten away to bony septum and lupoid tissue extending upward over remaining nasal structure to lower border frontal bone; in fact, the face presented was a suppurating, ulcerating, putrid mass, emitting such a horrible odor as to make his presence in the ward unsupportable had it not been for the aid of antiseptics and deodorants. Treatment by Koch's lymph alone was begun on 9th December last by injection of 1 centigram. Reaction followed in five hours with T. of 103, P. 112. Three days after, on repeating the same dose, about similar results followed, and this happened until the