edges or base, only a diffuse proliferation of connective tissue cells and infiltration with leucocytes. The whole process has the appearance of being very acute."

Now, a few words as to the treatment of tubercular peritonitis. Coeliotomy offers the best hopes for relieving the condition and in many cases effecting a cure. Treves (*British Medical Journal*, October 31, 1896) reports 300 cases treated by abdominal section, which show that excellent results have been obtained in almost all grades of the disease, and that good prospects of a cure may be expected in sixty per cent. of cases. He has obtained the best results in those cases in which the abdomen has been neither flushed nor drained, but when the fluid has been simply evacuated and the abdominal wound closed. He says great care should be taken to avoid injuring the peritoneum, and it is much better to allow a few ounces of harmless effusion to remain than to remove it by reckless flushing and sponging. Some have used sterilized air with considerable success, basing this treatment upon the fact that the introduction of air during laparotomy was the main factor in the good results obtained. Any tuberculous foci, as diseased tubes, also enlarged lymphatic glands, should be removed.

König says that laparotomy will cure one-fourth of all cases. He says that the chief elements of success appear to be the employment of not too small an incision, and the thorough evacuation of fluid and the removal of tubercular masses and organs. His experience showed that more cases healed without antiseptic lavage. Lindner collected 205 cases operated upon, of whom fifteen died, mostly from collapse after long operations. In women, the genital organs were most commonly the avenues of infection. Treves says that in regard to the indications for operation, in the ascitic type, the very acute cases, or those forming part of acute general miliary tuberculosis, are not to be operated upon. I must take exception to this statement of Treves. The case which I have just reported was of a most acute form, and she was very much relieved by the operation, and I think her life prolonged. Again, in acute general miliary tuberculosis, where the patient is suffering from great difficulty in breathing, owing to pressure of fluid upon the diaphragm, I certainly think it wise to evacuate the fluid. I have had two cases of this kind, in which I opened the abdomen with cocain and evacuated the fluid, and gave the patient a great deal of comfort afterwards. Abbe, of New York, says that it is an imperative duty of the surgeon to freely evacuate, by incision, all fluid of a tubercular peritonitis. Additional perfection may be obtained by irrigation with normal salt solution. The purulent form of peritonitis is amenable to the same treatment. Cure has frequently followed a second laparotomy when the