

find in other serous surface, namely, sere-fibrinous and fibrinous. If so, why is there any special danger in dealing with such cases provided drainage is superadded? Experience in general surgery is most satisfactory when such joints are early opened, particularly when they show evidence of a spreading infection to the surrounding structures. Nothing so quickly arrests the process as opening the joint on two sides, and draining it for two or three days. I have had several of these cases of very acute infection in the knee, which were promptly opened and drained, followed by exceedingly useful joints.

WESLEY MILLS, M.D. Dr. Chipman has not only made his subject clear and interesting, but has given such an example of choice English expressed with artistic ability, that we all owe a special debt of gratitude to him.

F. R. ENGLAND, M.D. I should like to emphasize the importance of the differential diagnosis in these cases; we have all experienced the difficulty in differentiating between acute gonorrhoeal pelvic peritonitis and peritonitis due to appendicitis. A case was recently admitted to the Western Hospital under my care, as a case of acute appendicitis demanding immediate operation. The patient had been ill four days, all the symptoms were very pronounced, temperature high, prolonged and distressing vomiting, rigidity of the abdomen, and yet there was something about the general appearance of the patient which caused me to doubt the diagnosis; she did not seem ill enough considering the severity of the symptoms for a case of appendicitis of four days duration, and the possibility of a gonorrhoeal peritonitis was entertained. Cultures taken were negative but the clinical history was suspicious and I was satisfied that the case was one of gonorrhoeal peritonitis. All the symptoms subsided in a few days without operation, and the patient was soon convalescent. We all know that such cases are frequently operated upon. I have myself operated in at least two such cases, recovery followed in both cases, and possibly the condition may have been somewhat benefited by the operation. In these early cases of gonorrhoeal infection I think one would hardly expect to find free pus in the peritoneal cavity. In old pus tube cases there is probably generally present a mixed infection where pyogenic organisms are present as well as the gonococcus. I would like to ask Dr. Chipman whether primary tuberculous salpingitis is commonly met with and if it is thought to be a frequent cause of general tuberculous peritonitis.

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The fifth regular meeting of the Society was held Friday evening, December 1st, 1905, Dr. F. R. England in the Chair.