parently thrown some cold water on the enthusiasts, and the profession generally are now looking to Koch. Fränkell, who is considered one of the first bacteriologists in Germany, objected to the methods of Scheurlen, saying that secondary infection might have occurred, and that it has frequently happened. He also pointed out that the quick growth of the bacillus, a few hours, does not correspond to the known slow growth of cancer, and that degenerate cells always form a favorable nidus for bacterial growth.

Dr. Schill, of Dresden, has been working on the same lines as Scheurlen for the past five years, and is said to have obtained results similar to his. The presentation of his view of the case will be full of interest to the medical world, but in the meantime the matter is *sub judice*, with perhaps a leaning to the supposition that a genuine cancer bacillus has been found. Dr. Bigelow, in the *Boston Medical and Surgical Journal*, says: "To those who know the ins and outs of professional feeling in Berlin, the fact that the discovery was made in Leyden's clinic and not elsewhere is not without significance." It would not be just to accuse such men as Virchow and Bergman of a jealous belittling of a new man, and their scant endorsement of his results are more probably due to a truly scientific spirit of conservatism.

SURGICAL TREATMENT OF TUBERCULAR PERITONITIS.

The views so long entertained by the profession regarding tuberculosis, have during the past year received a shock. The frequency of laparotomy, and the comparative impunity with which the abdominal viscera can be inspected and subjected to manipulation and surgical treatment, have ceased to surprise us. But that such an intractable constitutional malady as tubercular peritonitis can be remedied, by opening the abdomen, making local application, washing out, and even sponging the diseased parts, is at least remarkable. But this is not all. It is claimed that treating the abdominal disease in this manner, exerts a most favorable influence on the concomitant lung affection, if any be present. It is stated that Mr. Lawson Tait, the celebrated laparotomist of Birmingham, first performed the operation, and now claims a uniform success for it, *per se*, and a complete cure of the disease in 80 per cent. of all cases of turbercular peritonitis subjected by him to this method of treatment. But to Mr. Frederick Treves, is due the credit of first definitely proposing and successfully carying out the novel treatment for this disease. Already over one hundred cases are recorded with a mortality of less than twenty per cent., which is such a remarkable showing that we might find it difficult to believe, did not the statement come from very reliable sources. As a matter of fact, they are so well authenticated, that we are compelled to accept them, notwithstanding the violation of our preconceived opinions. Kussmaul, has lately read a report before a German Surgical Society, of thirty-six cases, of which but six died, and of the latter four died subsequently of general tuberculosis.

Some of the cases treated were first aspirated, with the view of relieving the pressure, but while this allayed the mechanical distress, it in no other way benefited the malady. It was only after the abdomen was opened and the cavity thoroughly cleaned by either pure or carbolised water, applied in large quantities, and the affected parts sometimes sponged, that the remedial results were clearly apparent. A drainage tube left in the wound is considered essential by most operators, although one at least has been successful without it. In one or more cases an injection of a solution of iodine was tried with complete success, after cleansing the abdominal cavity The operators admit that sufficient experience has not yet accumulated to definitely establish the best method of cleansing the peritoneum, nor to clearly indicate the proper cases to select for operation. But with such alleged success, and the rapidity with which the operation is spreading among our most prominent surgeons, these desiderata will not be long delayed.

Why complete immunity from the re-accumulation of ascites obtains after the abdominal section and cleansing, does not yet appear to be thoroughly understood, especially as re-accumulation nearly always occurs after aspiration and tapping. The idea was suggested by one of the operators, that the very satisfactory results of laparotomy were produced by removing the toxic products resulting from the life of the bacilli in the tubercles, contained in the ascitic fluid, and preventing absorption and baneful effect on the system; but we would