With regard to the percentage of recoveries, though, as already stated, Morris gives (in the *Medical Record*, October 6, 1894) eighty per cent., there are others who give less, but it largely depends upon how long the cases are kept under observation, as though immediate improvement may take place we can hardly look upon the patient as cured until a year or two has elapsed.

With regard to the *modus operandi* of the curative effect of laparotomy in these cases nothing is proved, though many theories are advanced. We only know that opening up has a good effect. Whether it is that removal of the exudate takes away the pabulum upon which the bacilli are nourished, or whether the changed atmospheric pressure produces injury to their growth and development, we know not. There are men who argue that recovery might take place as well without operation, and that we cannot prove how the "opening up" has any curative influence. My own experience, and that of many others, leads me to the confirmed opinion that rapid improvement follows operation with such a degree of uniformity and promptitude that we cannot see reason to doubt the efficacy of the remedy.

There are some who attribute important curative properties to germicides, and many different substances have been employed; amongst these I may mention bichloride of mercury, camphorated naphtol and iodoform. For my own part, though I have used some of these remedies, I prefer, until something more definite is learned, to treat my cases by making a fair sized opening in the abdominal wall, emptying the peritoneal cavity of the fluid exudate, breaking down existing adhesions, manipulating the bowels so as to allow free access of air and light, and to "wash out" with a copious supply of sterilized warm water, apply thorough drainage, and whilst feeding up the patient on a liberal diet enforce the most perfect hygienic surroundings.

PHAGEDENIC CHANCRE.—Dr. Braatz warmly recommends treating phagedenic chancres with topical applications of cupric sulphate. The ulcer is cocainized with a 10 per cent. solution, the undermined edges trimmed away, and then cauterized with a 1 to 5 solution of the sulphate; compresses are afterwards applied, wet with a 1 to 5000 solution, and at first renewed three times daily, later but once a day, and covered with a strip of rubber protective. As the pain of cauterization often continues some time after the cocaine has ceased to act, a morphine injection may be given either before or after. On account of the obstinate character of the affection the cauterization may be required to be repeated several times.—*Centralblatt für Chirurgie.*