Many of them will void their urine from the beginning, though some of them will require catheterizing for the first twenty-four hours at intervals of every two hours until they are rid of the clots of blood."

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Treatment of Diphtheria.

In an article on the "Treatment of Diphtheria, with Special Reference to the Prevention of Heart Failure," Porter in the *Archives of Pediatrics* for August, 1909, reaches the following conclusions. He thinks the essentials of treatment for the heart condition accompanying diphtheria are:

1. Prompt and sufficient dosage of antitoxin.
2. Rest in bed not less than three weeks.
3. Attention to the condition of the abdominal viscera.
4. A nutritious, easily digestible diet.
5. Certain drugs, each acording to the indications. For a slow heart, atropine; for a racing heart, camphor, and ice to the præcordium; for vascular failure, ergot.
6. If the heart failure is indicated to an overwhelming toxæmia with lethargy hypodermoclysis.

Finally, the factors determining the number of units of antitoxin to be given are:

1. The intensity of the toxæmia.
2. The extent of the involvement.
3. The time elapsed since the first manifestation of the disease.
4. Whether or not there is stenosis of the air-ways.

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Tuberculous Peritonitis.

In an article contributed to the *American Journal of Obstetrics and Diseases of Women and Children*, for May, 1909, Brown, after calling attention to the fact that primary tuberculosis of the peritoneum is extremely rare, the infection being received through the intestinal tract, or, in women, through the Fallopian tubes, alludes to the insidious onset of the affection, though at times the cases commence suddenly with symptoms of acute pain and tenderness simulating cases of appendicitis or acute pelvic inflammation, followed shortly by pronounced ascites.

Ochsner is quoted to the effect that fully 50 per cent of the cases of tuberculous peritonitis recover in the hands of the physician. Strapping the abdomen is suggested as an efficient means of increasing thoracic respiration and thus exaggerating lymphatic absorption. The most important medical treatment is regarded as incident to the use of tuberculin. The time to operate is after effusion has become chronic. Shattuck is quoted to the effect that four to six weeks should elapse before surgical measures are instituted . The cases most favorable for surgical intervention are those of a serious type without adhesions, also in localized collections of fluid. Yet no classes seem to be at times beyond the beneficial influence of surgery.

Wunderlich's statistics are quoted to the effect that 23 per cent. of the ascitic form are cured, 9.8 per cent. of the fibroadhesive form, and that all exhibiting the ulcerative form perish.

Leuret's conclusions are indorsed. These are as follows:

Genital lesions are the most frequent cause of peritoneal tuberculosis in women, in particular, the clinical type known as idiopathic ascites in young women.

Tuberculosis of the adnexa is always accompanied by tubercular peritonitis, the form occurring being one of two types—ascitic peritonitis, free or encysted, and dry pelvic peritonitis with adhesions.