

as to doubt the accuracy of the diagnosis, even if a celiotomy has revealed the presence of the nodules which we heretofore have always regarded as tubercular. To satisfy such doubters, are we called upon to submit the nodules to bacteriological tests, and to demonstrate by inoculation experiments on the lower animals? Are we to consider all cases non-tubercular in which we fail to demonstrate the tubercle bacilli? No! We know from experience at the bedside what the clinical history is likely to be. We know the difficulty of demonstrating bacilli in such situations. We know the doubtful prognosis in untreated cases, and we know of no such sharp turn to convalescence as follows closely upon operation.

Hunter Robb, in his recent very interesting paper on operative procedures in peritoneal tuberculosis, mentions Koenig as the first to open the abdomen intentionally for a tubercular peritonitis. He also gives a collection of statistics of the operation which is very gratifying. He gives the result of his experiments upon a number of dogs, and concludes that "(1) Tuberculous peritonitis in dogs can be cured by laparotomy. (2) Cure is not possible unless the laparotomy is done early. (3) The retrogression of the tuberculous products is brought about principally by inflammatory reaction, which causes infiltration with embryonal cells, phagocytosis and the active development of connective tissue. The specific elements of the tuberculous process are absorbed, and we have a fibrous transformation. (4) In connection with the laparotomy certain physical agents help to bring about this curative action. Among these must be reckoned the mechanical trauma which the peritonæum undergoes during the laparotomy, the thermic influences, the penetration of air into the abdominal cavity, and perhaps the influence of *light*. By these agents an irritation is set up and an inflammatory reaction more or less intense, which is conducive to the arrest of the morbid process. (5) Contrary to the opinion of Vierodot, the evacuation of the exudate is not the sole cause of the cure. In the author's (Robb's) cases the best results were found in those instances in which the abdomen contained no fluid. (6) Dogs must be considered very sensitive to tuberculosis."

I have not made any experiments on dogs, but my experience on human beings leads me to the view that the cases most likely to be cured by laparotomy are the ones where the tuberculosis is primary in the peritonæum and non-existent else here, and where there is a considerable amount of fluid exudation non-purulent in character without any considerable amount of caseation.

One of my cases, however (Mrs. G——), which was followed by complete recovery, is of interest, as in it, contrary to the above