in, obesity develops. This has been termed constitutional obesity. After discussions which have been prolonged for years, and after careful investigations, the conclusion has now been arrived at that in such cases the oxidation power of the organism has become weakened. This is a factor which bears a direct relationship with the thyroid gland. Temporary changes in that gland raise or depress the power of oxidation. Professor von Noorden on these grounds designated the various forms of constitutional obesity "thyreogenic obesity" and proposed the following classification: (*a*) primary thyreogenic obesity, dependent upon actual changes in the thyroid, such as atrophy, degeneration, functional weakness, and so on; (*b*) secondary thyreogenic obesity, that is to say, functional anomalies of the thyroid dependent upon the action of other organs, such as the pancreas, hypophysis cerebri, suprarenals, thymus, pineal gland, and perhaps other organs also, so-called chemical correlations by means of internal secretions. These questions have not only a theoretical interest, but possess important bearings on therapeutics, as anomalies of metabolism known under the term of obesity can only be treated rightly when in any given instance the origin of these anomalies has been correctly recognized.

THE TREATMENT OF DIFFUSE FREE PROGRESSIVE PERITONITIS. By Dr. Árpad G. Gerster, New York.

The basis of this report is formed by 609 cases of the malady, observed at Mount Sinai Hospital during about ten years. Of these, 461 were caused by the appendix (out of a total of 3,144 cases of appendicitis) and 148 were due to injuries and affections of other viscera. The author points out the difficulties that surround the making of a precise diagnosis and prognosis in peritonitis. He further indicates the uncertainties dependent upon these difficulties in establishing a uniform and reliable nomenclature of the disease, to which again may be ascribed the small value to be placed on statistics. In accepting the diagnosis of free progressive peritonitis, very strict criteria must be insisted on; and, even with these, statistics have only a relative value. Every case of appendicitis, and, *a fortiori*, every case of peritonitis, in whatever stage of the malady it may present itself to the surgeon, ought to be operated on without delay, excepting cases imminently and palpably moribund. The arguments by which the advice is supported not to operate upon "intermediate" cases of appendicitis on account of the high mortality are fallacious. A tabulated *résumé* of the results of operative