

Tubercular Peritonitis.*

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THIS disease occurs at all ages. It is rare without a previous or coincident manifestation of tuberculosis in some other part of the body. It is common in children, associated with intestinal or mesenteric disease. It is, however, most frequent for it to commence between the ages of twenty and forty.

Three varieties are described, as (1) Acute miliary tuberculosis, (2) Chronic tuberculosis, with caseation and ulceration and purulent or sero-purulent exudation; (3) Chronic fibroid tuberculosis, with hard pigmented tubercles, little exudation and matting of the serous surfaces.

Clinically I have found it not only difficult to classify, but also even impossible at times to make the diagnosis in the earlier stages of the affection. For whilst it is true that in some cases we have elevation of temperature, rapidity of pulse, emaciation, pain with tenderness on pressure, tympanitis and excessive respiration, there are others in which the symptoms are of such a negative character that the true disease is only revealed by a laparotomy done for diagnostic purposes or for some supposed affection of other parts. Such was the case in 1862, when Sir Spencer Wells opened the abdomen to remove a supposed ovarian tumor but found a tubercular peritonæum, which he drained, to the benefit of his patient. My first case of tubercular peritonitis (reported in 1889) was discovered during a laparotomy for the removal of double pyo salpinx. Though the peritonæum was studded with hardened nodules no sign of their existence was manifested there or elsewhere, and the patient made a permanent recovery.

Lawson Tait, who has had a very wide experience, says "that the great majority of cases are cured by laparotomy." I have seen but one case in which death followed within a few days from the date of the laparotomy, and in that case tubercular deposit elsewhere was the cause of death. Morris gives eighty per cent. of cures following exposure of the cavity of the peritonæum to the air. The percentage of recoveries without operation is not very definitely given. It would be hard indeed to arrive at a correct percentage on account of the great difficulty of diagnosis, and when a case recovers with medical treatment only we have always a doubt as to whether the diagnosis was correct or not. There are some now who go so far

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