then was still diminishing, so that it was plain that it was occupied by a large cyst. The uterus was free and quite unattached. As a result of our examination no fixed diagnosis was made, the choice lying between tubercular peritonitis, parovarian cyst, and congenital subperitoneal cyst. In any case, improvement was going on; the contents of the cyst were gradually disappearing, and there was a return of the general health. High evening temperature persists.

Sept. 4th. Girth, 27½ inches. Tumor is now plainly locular and much smaller.

Sept. 20th. Stronger, better, and is gaining flesh. Abdomen almost flat. Fluctuation in the tumor is by no means distinct. Nearly all the right side of the abdomen is clear upon percussion, as well as the left hypochondriac region. Beyond a doubt, an encysted tumor as large as an adult head lies on the left side of the abdomen. Girth at navel 25½ inches.

Nov. 15th. On her return to town improvement seemed to continue up to the end of October, when preparations were made to take her to the south for the winter, in order to obtain change of air. Previous to her departure she had complained of slight tickling cough, for which she had consulted a laryngologist. About the 7th of November she left for the United States when, after a few days' enjoyment of good health and spirits, she was suddenly attacked by severe cough, profuse night sweats, and debility. On her return to Montreal there were already advanced physical signs in both lungs. From that time to the date of her death, in December, some five weeks, the destructive process in the lungs was most rapid—large cavities forming in both. The temperature, too, ran very high, and death was the result of gradual exhaustion.

Here was a case originally regarded as typhoid fever, which, I feel certain now, was simply tubercular peritonitis from the start. Apart from the evidences of this diagnosis, which the reader can readily see, others were elicited by subsequent investigation. The health had been gradually and imperceptibly failing for some months previous to the occasion of my first attendance. There had been a great disinclination for exertion and a feeble appetite.

The lesson to be learnt as to the diagnosis is mainly from the thermometer. From the time that the typhoid theory was abandoned, I do believe the temperature was not normal one single night. The figures kept telling of lurking mischief. It was impossible to avoid hoping for improvement and a return to health, when the shrinkage of the abdominal tumor was so evident. The attack on the lungs was, no doubt, latent for some time before the actual outbreak. As I did not see the patient for some little time before she started, there was no examination by stethoscope made just previous to the departure, so that it is not possible to say at what day within six weeks physical signs became manifest.

Unfortunately an autopsy could not be obtained. Dr. Osler, who had seen the patient in Philadelphia, found tubercle bacilli in the sputum.

In the following case the resemblance between these two diseases was even more strongly marked. The fever regarded at the outset as purely typhoid, and treated as such, ran a course which any physician in the world might have said was that of enteric fever. Not until the fifth or sixth week did my suspicions arise that probably we were dealing with tubercular peritonitis, and such a diagnosis was proved to be the correct one by the infallible proof of a *post-mortem* examination.

The patient, Maria D., aged 20, was admitted into ward 24 of the Montreal General Hospital, on the 20th of February, 1886, complaining of general debility and cough. There was a previous history of pleurisy, corroborated by the physical signs present. On admission, six months before she had fallen against a balustrade, striking the left side of the chest. No bad results were experienced until some days after, when severe pain at the seat of injury set in, which was shooting in character and hindered the breathing. These catching pains in the left chest lasted off and on until nearly a month ago, when the patient had for the first time an attack of chills with vomiting. At the same time a cough with considerable expectoration set in. Family history negative. She did not take to her bed until Monday, 15th February, when she noticed that her left foot and leg were swollen