

A CASE OF TUBERCULAR PERITONITIS, COMPLICATED BY INSANITY.

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Miliary tuberculosis of the peritoneum, involving the intestinal walls and adjacent pelvic organs, is by no means as rare a disease as many practitioners imagine, nor is it by any means so little amenable to treatment as the teachings of the text-books, particularly the older ones, lead us to infer. In many instances the symptoms are either so complex or obscure that an accurate diagnosis is made only on the *post-mortem* table. Nor is this surprising when we consider how frequently many organs, in some instances remote from one another and performing very diverse functions, may be simultaneously affected by tubercular deposits. To the gynecologist, especially, tubercular peritonitis will ever offer a field for study as interesting as his advancing knowledge of the disease in question will be beneficial to womankind. That the disease, frequently commencing in the pelvic organs, rapidly extends to the peritoneum, giving rise to many complex symptoms, is unquestionable. In this way many such symptoms, which cannot be referred to diseased pelvic organs as their primary cause, may be explained, and their real origin and nature indicated. Sometimes, even when this disease is of an extremely grave character, there may be no signs of other organs being involved than those of the pelvic or abdominal cavities. However, this is not usually the case; generally the brain or lungs or, may be, the kidneys will show signs of involvement, sooner or later.

The mode of invasion of the peritoneum is often difficult to determine, though usually the vagina, uterus and tubes afford the most rational explanation of the course taken by the invading bacillus to reach the peritoneum. The uterus alone may remain unaffected whilst its appendages may be attacked by the bacillus. A true explanation for the immunity of one organ in a cavity while the others may be invaded is, I believe, at the present status of medical knowledge, unattainable. Broken-down mesenteric glands may afford, in some instances, an explanation of the source of dissemination of the bacillus. A family history predisposing to the occurrence of tuberculous disease; a depression of the general health; residence in low, damp localities; confinement in close, ill-ventilated apartments; innutritious diet; close contact with known tubercular patients—all undoubtedly contribute to the production of a deteriorated condition of the pelvic and abdominal organs, rendering each of them, in varying degrees, peculiarly susceptible to the invasion