

was under treatment; and, where present, quickly disappeared. Excessive diarrhoea in no case. Delirium present to slight degree in four cases, but quickly disappeared. Stools deodorized in every case. Rash present in nine cases.

For four of these cases I am indebted to medical friends, who were kind enough to put their patients under the plan of treatment I had adopted.

TUBERCULAR CYST OF THE PERITONEUM SIMULATING HYDATID CYST OF THE LIVER.

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JOHN H., aged 30. Of good personal and family history, except that his father is said to have died of chronic bronchitis at the age of 63. About February 1st, 1892, he was suddenly attacked, while at work, with symptoms of acute catarrhal gastritis. He had nausea, continuous pain in the stomach, griping pains in the bowels, belching of gas. Vomiting soon followed, and recurred sometimes several times daily; at other times not more than once a week. There was loss of appetite, bowels irregular, constipation alternating with obstinate diarrhoea, with pale, often frothy, stools. Within a day or two of the commencement of this attack, he first noticed fullness of the lower part of the chest.

These symptoms continued, with varying intensity, during February and March, during which time he was confined to his room, and most of the time to his bed. By the middle of April he felt so far recovered as to be able to return to his farm work, and for a couple of weeks improved, gaining in weight somewhat. Then the symptoms returned with greater severity. The pain in the epigastrium was more severe, with considerable tenderness. The vomit sometimes contained brown, shreddy masses.

Status præsens. He entered the Toronto General Hospital, July 5th, 1892. There was slight anæmia, but no emaciation. For three weeks previously there had been considerable œdema of the lower extremities and some ascites, but no œdema of face. He lay with greatest ease on either side. The lower part of the thorax and upper part of the abdomen were greatly enlarged in all diameters, the enlargement of the thorax being most marked on the left side. Tenderness over epigastric and right hypochondriac regions. Slight degree of fluctuation could be obtained two inches above and a little to the right of the umbilicus; occasionally a thrill could be made out in this area (see fig. 1).