fore the moment of perforation no symptom whatever of stomach trouble had been present. In the case of ulcer of the duodenum I have on one occasion had the same experience. In one large subdiaphragmatic abscess I found the cause to be perforated gastric ulcer, and yet no indigestion, no dyspepsia nor stomach symptoms of any description had ever been present.

There is not present in the case under discussion the characteristic tenderness elicited on pressure of an abscess. He had never had the chills so frequently associated with abscess formation. It appears fairly reasonable to exclude pus.

Tuberculosis peritonitis presents itself in various forms. It may be present as a part of a general miliary tuberculosis, or it may be quite latent, as in the appendix or fallopian tube, and only discovered by accident, at operation for other conditions. In tuberculosis of the peritoneum without encapsulation, the disease is sometimes ushered in tempestuously. There may be initial fever of from 103 to 104 F., great abdominal tenderness, tympanites, rigidity, vomiting, constipation and leukocytosis. In these cases it is often difficult to find a cause for the peritonitis, but frequently an examination of the lungs will furnish the clue. These are also the cases which often have their origin in a chronic tuberculous condition in the appendix or fallopian tube.

A fourth variety is that in which there is definite encapsulation of the exudate forming a tumor, or the formation of a tumor from the rolling up of the great omentum, or the retraction, the thickening, or adhesions of adjacent intestinal coils. Tumors are occasionally formed by the enlargement of mesenteric glands, especially in children. There is also a fifth variety, in which a great quantity of free fluid is present in the abdomen. This is known as the ascitic form.

Is the case in point one of tuberculous peritonitis? The disease was ushered in apparently as the result of an accident, and from the first a steady augmentation of the symptoms were experienced. We have the slow formation of a tumor, no palpable ascites, but rather a somewhat tympanitic abdomen. We have a high temperature with fast pulse. There is no pulmonary tuberculosis, and no tubercular history. There is apparently no primary focus of cancer, and there is no cancer history. With the exclusion of all other possible conditions we are thus forced, even in the absence of so-called typical symptoms, to consider this a case of tuberculous peritonitis, with the formation of a tumor from either rolled-up omentum, or encapsulated exudate.

Outcome.—On February 20th I opened the abdomen. The great omentum was rolled up into a large hard mass. The peritoneum was studded with tubercle throughout its entire extent. There was present but a small quantity of ascitic fluid.