

The history of the case which I wish to report is briefly as follows: Sarah K., aged 26, sent into the General Hospital under my care, June 27th, 1900. She had always been healthy and was doing heavy work at service until five weeks ago, when she was suddenly taken with pain in the abdomen and vomiting. Dr. G. W. Hall, of Little Britain, who was called in, found her temperature 102, pulse 110, and great tenderness and rigidity all over the abdomen. During these five weeks her temperature kept between 101 and 102, and her abdomen rapidly filled with fluid. On examination I found the abdomen greatly distended, with well marked ascites. Nothing could be felt through the abdominal wall, as it was so very hard and tense. There was no evidence of disease in the lungs, pleura, kidneys or bladder. Per vaginam, the uterus was found fixed, and on either side of it an indefinite feeling of fullness was all that could be made out. My diagnosis was tubercular peritonitis or malignant disease.

On opening the abdomen it was found filled with a dark greenish fluid, and several quarts were removed. The peritoneum was greatly thickened and injected, but smooth, no small tubercles being seen or felt. The tubes were much enlarged, each being about the size of a small banana, the peritoneal surface red and soft, and looked like granulation tissue. Masses of lymph were present throughout the peritoneal cavity. The tubes were removed and the abdomen closed. She recovered from the operation and returned home in four weeks time, somewhat improved in health. I have heard from her recently, and she is in about the same condition as when she left the hospital, nearly five months ago. So that I think, although she was not cured, her life has been somewhat prolonged by the operation.

The tubes were kindly examined by Dr. Wm. Goldie, who gives me the following report: "The disease is of a tuberculous character, affecting the mucous membrane of tubes as well as the peritoneum. The peritoneum is greatly thickened, due to the formation of tubercles in the lower layers, but the thickening is chiefly due to a very large exudation of a fibrinous and serous character. By this exudation the outer layers of the peritoneum were distended to a remarkable degree, lifting the endothelial layer to such an extent that the nodules could not be felt. The tubercles are numerous and have mostly advanced to caseation, although many giant cells can be found. The bacillus tuberculosis can be found frequently, but only in the giant cells. The state of the mucous membrane of the tubes would lead one to suppose that here or in the uterus lay the primary focus. The tubercles are more advanced and there are ulcerations, these latter, however, do not show any nodules at