

Operation: The peritoneum was found about $\frac{3}{4}$ in. thick and studded with tubercular nodules. The hard mass felt before operation proved to be omentum, much thickened, and adherent in a conglomerate mass to abdominal parietes above and to the right of the navel. Bowels were glued together by adhesions, and pressed back into either loin by the fluid found free in the cavity of the peritoneum. Ovaries, tubes, and uterus normal. Abdomen was washed out and glass drainage tube inserted. Patient did well; wound healed; stitches removed on the seventh day. Rubber drainage tube used after removal of glass one. Cough then became more troublesome, and in a few weeks tubular breathing and other signs of lung solidification were noticed. Sputum changed in character; became like sputum of phthisis. Temperature remained elevated. An offensive diarrhoea came on and continued at irregular intervals until she went home. Heard that she died from the lung trouble three months later.

CASE 2. Young girl æt. 16, only unwell three times in her life; now suffers amenorrhœa. Looked thin and emaciated and very ill, just like a patient in the third week of typhoid fever. Temperature 101; pulse 110. About four months before she noticed her abdomen enlarging; then seemed to diminish by treatment, and then increased again. Uterine fundus not to be felt; cervix very small; no ovaries to be felt; sound passed by very short distance; abdomen found very much enlarged; no definite tumor to be outlined, but here had again muffled irregular resonance and a "far away" wave of fluctuation. Father's sister died of tuberculosis. Bowels move two or three times daily; tongue is very much coated at its posterior part, and red at tip and edges. A positive diagnosis of tubercular peritonitis was made, being guided to this conclusion by the recent case (No. 1). On opening abdomen; found peritoneum much thickened, of an œdematous, translucent appearance, and studded with tubercular nodules, looking like little teats. Large quantity of fluid free in the peritoneal cavity; intestines matted together and pressed back into each loin. Strange to say, no broad ligament could be found, and no fundus uteri, ovaries, or tubes. The pelvic peritoneum had no folds, but simply ended in a blind *cul-de-sac*. After treatment and

result of operation same as No. 1, except that patient left for home feeling well. Recent information shows probable tendency to reaccumulation of fluid, but no other symptoms. Patient remains hearty (Nov. 27, 1890).

CASE 3. Woman, æt. 32. III. para. Menorrhagia since last winter; no excessive pains; always able to go about; skin, coppery tinge; chief pain referred to neck of bladder; micturates very frequently; no chest symptoms; urine shows pus, mucus, few red blood corpuscles, squamous epithelium, and crystals of oxalate of lime. Has had fever and chills, with subsequent perspirations. On examination find two fluctuating tumors on each side of uterus, and diagnose double pyosalpinx.

At operation, peritoneum, both parietal and visceral, found studded with tubercles—not large, but very numerous; peritoneum not much thickened; no free fluid; intestines reddened and adherent to one another. On separating some coils, found double pyosalpinx. Drew out a coil of intestine to demonstrate the tubercle spots to the student present. After treatment and result of operation as in previous cases, except that the bladder symptoms continued, and the patient went home with a knowledge of the true nature of her puzzling case. No doubt there was tubercular ulceration of the bladder and tubercular deposits in the supra-renal capsules, causing the bronzing of the skin. Another case, strangely enough, was operated on but half an hour before No. 1, a case of sub-acute peritonitis, produced by a small suppurating ovarian tumor on one side, and suppurating hæmatocele on the other. In this case the peritoneum presented all the appearance of that of tubercular peritonitis. In summarizing these cases, the facts may be noted as follows: All looked very ill, the temperature in each case was elevated; abdominal pains in two cases, pelvic pains in one; in two, had amenorrhœa; in one, menorrhagia; in one, want of development of internal genital organs; in one, disease of Fallopian tubes; and in one, no change in these organs; in two, a collection of fluid; in one, the dry adhesive form of the disease. Ages varied—16, 32, 36 years. Two were multiparous women; one, a single girl; in one, enlargement was noticed only two months; in one, three or four months; in the last case the disease had been in progress