

Twelve months ago she *suddenly* noticed a general increase in size of abdomen. It was attributed apparently to flatulent distension probably hysterical. It resisted treatment—steadily increased, and her general health rapidly failed. Appetite was lost, emaciation set in and palpitation became annoying. Nine months ago I was requested to examine her.

Condition on first examination.—I found a delicate looking and small boned, anæmic girl, decidedly emaciated, with a malar flush and dyspnoea on slight exertion. Her pulse was 130 regular and compressible. Temperature 101.5°. Examination of the thorax shewed the lungs and pleuræ apparently sound, the heart's apex displaced considerably upward and inward. No murmurs were detected.

Abdomen.—Inspection of the abdomen revealed marked distension, the outline being somewhat square with some flattening at the sides. The abdominal wall was tense and shining and numerous large veins coursed over it.

Palpation gave negative results as the wall was too tense; but there was practically no tenderness complained of when the attempt was made.

Percussion.—Fluctuation was however easily elicited and change to lateral position gave a tympanitic note above and dulness in lower flank. The knee-elbow and upright positions shewed changes in the percussion note which confirmed the suspicion of free fluid in the peritoneal cavity.

No friction could anywhere be heard. Urine reduced in amount, normal specific gravity. No albumin or other abnormal constituents. Menstruation had always been normal.

Diagnosis.—The diagnosis of *subacute tuberculous peritonitis of the generalized ascitic type* (probably primary), being thus arrived at with a high degree of probability, consultation with Dr. Moore of Kentville followed, and as the girl was obviously losing ground fast and looked exceedingly ill, after a brief and futile trial of medical treatment I operated on Nov. 28th with the assistance of Dr. Moore. Dr. March of Berwick kindly acting as anæsthetist.

Operation.—Incision in middle line below umbilicus about three and one-half inches long. Peritoneum extremely hyperæmic and much thickened. A gush of straw coloured serous fluid followed its opening. This was slowly syphoned off. Examination of the peritoneal cavity now shewed the whole of that membrane to be more or less