tubercular inflammation. Tubercular peritonitis is most common between the ages of twenty and forty. It is somewhat common also in children, but rare in old age. It is more prevalent among females.

Clinically, it is extremely difficult to make a satisfactory classification. The process may go on so slowly and so painlessly that the patient may not have a single symptom of abdominal disease. The condition has, in this way, been met with in operations for hernia, or still more frequently in association with ovarian tumor. Osler quotes a case occurring in a man of forty years of age who was admitted into the Montreal General Hospital with strangulated omental hernia. He died eighteen hours after the operation, and extensive tubercular peritonitis of the fibrous variety was found. He also quotes a case of a girl, aged 18, who was admitted into the hospital with severe typhoid fever, of which she died. She had the usual symptoms of typhoid. The *post mortem* showed, in addition to characteristic typhoid lesions, an extensive tubercular peritonitis, which had taken its start from the fallopian tubes In another case, a healthy-looking child of five died of diphtheria, after an illness of a few days. An acute miliary tuberculosis existed over the entire peritoneum, which contained a slight amount of serous and much fibrinous exudation. There were tubercles in the spleen, but none in the lungs.

The literature is full of cases of this kind, showing that, in many instances, the disease may be latent and that the process may go on to healing without having produced serious symptoms. On the other hand, the onset of the symptoms may be sudden, even so much so, as to be mistaken for enteritis or hernia. A remarkable instance, in which it was mistaken for the last-mentioned disease, is reported by Thoman. A well-nourished woman, aged 30, was suddenly seized with pain in the abdomen, vomiting and fever. The physician who saw her believed the symptoms due to hernia, which he thought he found and reduced. The condition continued, and in the evening Thoman was called in. No hernia was found externally, but as the abdomen was distended and painful it was decided to operate. The inguinal ring was found closed. In the further course of the disease, the peritonitis became more marked, the ascites increased, and death occurred on the fourteenth day. The *post mortem* showed extensive tuberculosis, both layers of the peritoneum being covered with a recent eruption. There were no tubercles in the lungs or pleura. Spillman quotes another instance, in which the symptoms were so urgent and deceptive that internal strangulation was suspected. Most cases of tuberculosis peritonitis are due to extension of the disease from some adjacent organ.