TUBERCULOSIS WITH SIMPLE CHRONIC PERITONITIS.

BY C. W. COVERNTON, M.D., M.R.C.S., TORONTO.

(From Le Progrès Medical.)

Jeanne ———, aged 20, entered, under the care of Dr. Constantin Paul, the Hospital of Saint Antoine for pulmonary tuberculosis. The disease had arrived at the stage of cavities. For four months her courses had ceased, but she had never experienced in any part of the abdomen the slightest pain. The patient had been ill for the period of a year; her strength was rapidly exhausted; the emaciation had become extreme, and cavities were multiplying in the superior half of both lungs. At the end of a month of residence in the hospital, the patient having fallen into a state of profound cachexia, died on the 10th of June. At the autopsy, the lungs were found drilled with numerous cavities surrounded with islets of tubercles more or less confluent. The abdomen presented most interesting lesions, the most remarkable of which are the following:—The peritoneal cavity in its whole extent is partitioned by old adhesions, very solid, laminated, manifestly vascular in a number of places. It is especially about the liver, spleen and the centre of the intestinal convolutions that these peritoneal adhesions are the firmest, leaving even a certain quantity of hepatic parenchyma adherent to these new sub-diaphragmatic membranes. The pelvic cavity is nearly free from adhesions, excepting the surroundings of the ovaries and the free extremities of the Fallopian tubes, which were fixed to the pelvic walls in the neighbourhood of the superior strait. It is important to note here that no tubercle existed in the peritoneum, nor in the new membranes, excepting at one point; in the thickness of the meso-cæcum were found two grey tubercular granulations of the size of the head of a pin. This sound state of the peritoneum from the point of view of existing tuberculosis was all the more curious that we discovered at the same time very advanced tubercular alterations of the uterus and Fallopian tubes. The right Fallopian was thick and hard, but having preserved its form, it retains absolutely in aspect and consistence the appearance of a deferent canal surrounded by diffuse tubercular infiltration. The canal of the Fallopian tube is open as far as the margin of the uterus, and it is noticeable that the mucous membrane appears healthy, but that the walls are transformed into a rigid tube. The tissues that form the canal are in no degree softened. The left tube, on the contrary, offers a very different aspect. It is deformed by two yellowish enlargements, round, smooth, of the size of a hazel nut, evidently fluctuating. On opening the canal, the contents of the two tumors escaped in the form of a very thick yellowish white purulent liquid. Their walls, which were extremely thin were formed in great part by the peritoneum. No peritoneal adhesions existed on a level with the two Fallopian tubes. The uterus was still more changed. On a level with the superior and left angle, at the point of opening of the tube into the uterine body, a large tumor was perceived about the size of a walnut; this tumor covered still by a certain thickness of uterine fibres is round, very smooth and largely fluctuating. This cheesy abscess of the uterus in no way communicates, apparently at least, with the Fallopian tube nor with the uterine cavity. The uterine cavity was extensively affected. The principal portion of the mucous lining membrane has disappeared—destroyed by a grey superficial ulceration on its surface, and terminating on a level with the union of the body with the neck. This ulceration of an unequal depth following the points is covered by a greenish yellow muco-purulent fluid, viscid and very coherent, the microscopical examination of which displays only a great number of leucocyte granules accumulated often in a thick mass, and a few hematites. The neck is round and small, the inferior orifice very small, round, but an erosion superficially roseate, granular, about three millimetres in breadth borders it inferiorly. The vaginal mucous membrane is unaltered; hymen imperforate; ovaries healthy. A few tuberculous granulations were found in the kidneys. The interest of this case lies in the fact that simple chronic peritonitis may exist with advanced tubercular disease. The peritoneum must have been attacked at an early period, perhaps in childhood, with an acute inflammation, the effects of which were noticable. The conclusions are, 1st. That simple chronic peritonitis may exist in a tuberculous patient. 2nd. That in a young virgin tuberculosis may localize itself in the genital organs and produce these extensive disorders unknown to the patient. The amenorrhœa