

experience, the tubercular peritonitis was of the chronic adhesive or dry variety. The coils of intestine were matted together, and the pelvic organs were also affected. This was in a delicate-looking young woman who had been threatened with pulmonary phthisis, and who had a previous attack of pleuritis, probably of tubercular character, and was altogether one of the most unfavorable cases for laparotomy with the hope of ultimate recovery.

The amount of thickening which the peritonæum will undergo is astonishing, and in some cases where the adhesions are extensive, and where the thickened peritonæum is bound down to the underlying coils of intestine, the difficulty of opening the abdomen is great.

Though in children the result of laparotomy is good, we have authority for treating the cases otherwise; especially is this the case if the symptoms are not urgent and if there is a reasonable doubt as to the peritonæum being the sole site of the lesion. We must remember that "tuberculosis of the peritonæum is rarely a primary disease, and then acute or with high fever and urgent symptoms. The temperature may or may not be high." ("American Text-Book of Diseases of Children.")

In one case which I am now seeing from time to time in consultation, there was a pre-existing pleurisy which may have been tubercular. It was cured by drainage. The tubercular peritonitis came on a few months afterwards, it was accompanied by loss of flesh, irregular elevation of temperature and diarrhoea, with very little evidence of local pain or lesion. On opening the abdomen the peritonæum was very much thickened, and completely studded with tubercular nodules. The amount of fluid removed was considerable; after its evacuation there was an immediate lowering of temperature, with general improvement, which has continued for some months. Though cases with purulent exudation and large caseous masses in the peritonæum are not favorable for operation, I have notes of two or three such cases where recovery took place, the patients remaining well for a length of time. In one of these the omentum was so thickened as to give the idea of an ovarian tumor, and though the disease was diagnosed as tubercular, it was thought that its chief point of origin was probably in the ovary or in the broad ligament. Though in this case, before operation, the temperature was high at times and symptoms urgent, an immediate improvement followed the evacuation of a large quantity of fluid and washing out with water. I might cite a number of cases in which improvement followed incision of the abdominal wall, but suffice it to say that I have not seen a bad symptom in any but the one case already referred to.