Course.—Throughout the course of the malady the temperature assumed the daily intermittent type; there was copious sweating and rapid emaciation, while the cough and expectoration persisted. Puncture of the pleural cavity revealed the presence of slight hæmorrhagic effusion, which on microscopical examination showed mainly a few blood cells and very few leucocytes which had undergone marked fatty degeneration. Death followed in less than three months after the onset of symptoms.

Autopsy.—The autopsy showed *bilateral hæmorrhagic pleurisy*, more advanced on the left side; tuberculosis of the peribronchial glands; a subacute more or less *dry chronic tuberculous peritonitis* which was obviously of longer standing than the pleural affection. The *mesenteric glands* were caseous and the *ileum* presented one small shallow ulcer evidently tuberculous in nature; the pericardium was free from disease. In the *lungs* there was a chronic simple mucopurulent bronchitis, but no evidences of chronic tuberculosis. The only other condition of interest at the autopsy was the generalised miliary tuberculosis which evidently had induced the lethal termination.

Remarks.—The special features of interest in this case are as follows:—A chronic peritonitis which had been completely masked through the acute symptoms in the pleural cavity; the course of the malady throughout; the presence of a simple muco-purulent expectoration with many râles in one lung, naturally arousing the suspicion of chronic pulmonary tuberculosis, though oft repeated examination for bacilli had been quite negative.

Infection had occurred here no doubt from the alimentary tract as seen by the condition of the ileum and mesenteric glands, the peritoneum being thereby secondarily involved. The pleura was infected through the diaphragm as is usual in cases of this kind where the peritoneum is the primary seat of disease. In many cases recorded by Vierordt, the pleura was first involved and the peritoneum secondarily, and not infrequently the pericardium was likewise secondarily affected. That authority has never seen a primary pericardial tuberculosis under such conditions.

Clinically, cases of serous membrane tuberculosis vary considerably, being often extremely insidious in the onset, at other times, as in our present case, very acute. It is unusual to find other organs of the body affected. Frequently a pleurisy, evidently tuberculous in nature becomes "healed" and then within some months after the pleural symptoms have disappeared, the peritoneum shows evidence of acute inflammation, and later on again the pleura becomes involved for the