TUBERCULAR DISEASE OF THE TUBES WITH ACUTE PERITONEAL INFECTION.*

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The case which I am going to report, I think is most typically one of primary tubercular disease of the tubes, with secondary peritoneal infection of a very acute type. In tubercular peritonitis the tubes are often affected, but the proportion given by various writers differs considerably. Immerman found the tubes involved in seven cases out of sixteen. Osler thinks that in thirty to forty per cent. of cases in women, the tubes are found affected. The process is usually primary in the tubes, although they may, in a few instances, be involved secondary to the peritoneum. Before describing this case, I might be permitted to run over briefly some of the anatomical and clinical features of the disease. Osler describes tubercular peritonitis under the following three headings: 1st. Acute miliary tuberculosis, characterized by a sudden onset, a rapid development and a serous or sero-sanguineous exudation. 2nd. Chronic caseous and ulcerating tuberculosis, characterized by larger tuberculous growths, which tend to caseate and ulcerate, leading often to perforations between the intestinal coils and a purulent or sero-purulent exudate, often sacculated. 3rd. Chronic fibro-tuberculosis, in which the process may from the outset be sub-acute, or may represent the final result of the miliary form. There is little or no exudation, and the tubercles are hard and pigmented. There exists the closest analogy between tubercle as we see it on the peritoneum, and as it occurs in the lung. The process in many cases is entirely local—an extremely important feature, particularly in discussing the propriety of operation, as the outlook is much more favorable in the absence of intestinal, pulmonary, or tubal complications.

The pleura is very frequently also involved. Boulland gives a list of eighty-two cases of tubercular peritonitis, in thirty-eight of which tuberculosis of the pleura with or without effusion existed. In Hane's list of twenty autopsies there were nine with pleural involvement. In twenty-five of Bristowe's forty-eight cases the pleura was affected. It is often only a dry pleurisy, occurring most frequently without pulmonary affection, and due to a direct extension through the diaphragm. The pericardium is also liable in these cases to be the seat of a

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