

with cirrhosis of the liver, observed in seven of the twenty-five cases of Heintze, it is interesting to note the statements recently made by Dr. Samuel Fenwick on cirrhosis of the liver as a cause of general peritonitis.* He shows that chronic general peritonitis is by no means always of tubercular origin. Excluding cases of local peritonitis, he cites twenty-three cases of chronic peritonitis from the books of the London Hospital, in which no tubercle was found, and which occurred during a period in which forty-seven cases of tubercular peritonitis were registered. Non-tubercular cases are therefore half as common in adult life as those which owe their origin to tubercular disease.

Now of Dr. Fenwick's twenty-three cases of chronic non-tubercular peritonitis, seven were associated with cirrhosis of the liver, and in all there was an enlarged spleen and ascites, whilst in four there was also exudation into the pleura. In five there was chronic disease of the kidneys, with enlarged heart in three, in four associated with the thickened capsule of the liver, and in two with effusion into or thickening of the pleura. In only two instances did the chronic peritonitis seem to have originated from local causes, and in two others there was disease of the heart, but in each the capsule of the liver was greatly thickened. Amongst the females, abscesses in the pelvis seemed chiefly to have set up the inflammatory process, five of the cases being associated with this condition.

There seem, therefore, to be three chief causes of chronic non-tubercular peritonitis—viz., (a) cirrhosis of the liver, (b) chronic diseases of the kidneys, (c) pelvic abscesses.

In all these non-tubercular cases except one, tuberculosis of the lungs was absent, but many of them were associated with effusion into the pleura, a fact worth remembering, since some practitioners have spoken of the occurrence of pleurisy as of the highest value in the diagnosis of tubercular peritonitis.

As to the diagnosis of cirrhosis of the liver from peritonitis with effusion it is exceedingly puzzling, but it may be found to depend upon these points. (1) History. The general health has been failing, and the abdomen has been painful and tender

* Clinical Lectures on Cases of Difficult Diagnosis.