intestines, the parietal peritoneum, the mesentery, and the abdominal or pelvic organs. This encysted exudate is most common in the middle zone, and has frequently been mistaken for an ovarian tumor. It may occupy the entire anterior portion of the peritoneum, or there may be a more limited saccular exudate on one side or the other. It may be completely within the pelvis proper, associated with tuberculous disease of the Fallopian tubes. In rarer cases the tumor may be due to the great retraction or thickening of the intestinal coils. Not only the small intestine, but the entire bowel, from the duodenum to the rectum, has been found forming such a hard nodular tumor.

*Mesenteric glands* occasionally form very large tumor like masses, but they are more commonly found in children than in adults.

*Encysted tuberculous peritonitis* may, as has been said, be mistaken for an *ovarian tumor*. In addition to the local signs of ovarian tumor already mentioned, the presence of salpingitis, the induration of the sacro-uterine folds as felt by the finger introduced into the rectum, the slow development and other signs and symptoms of tuberculosis, will serve to distinguish it. An ovarian tumor with pelvic adhesions presents severe increasing pelvic symptoms, with proportionately less general depression, loss of health and emaciation than tuberculosis.

**Diagnosis.** The previous history, the gradual onset and progressive development will suggest the nature of the disease in most cases. Many cases set in acutely with symptoms resembling typhoid fever or peritonitis. Abdominal tenderness, tympanites and fever are usually accompanying symptoms. In the more chronic cases subnormal temperatures are not uncommon. Associated with these there is usually, in either case, imperfect digestion, loss of flesh, emaciation, sometimes diarrhœa, and occasionally pigmentation of the skin.