

Clinical Reports.

TUBERCULAR PERITONITIS,

BY

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Tubercular Peritonitis—Abrupt Onset—Latent Pulmonary Tuberculosis—Laparotomy.

The patient, a man of 42, was admitted to the hospital on February 7th, 1898, for pain and swelling in the abdomen. He stated that his health was always good up to last July, when he suffered with shortness of breath for two weeks. Toward the end of December he felt tired and unable to work. After a long drive on January 2nd, the following day he was feverish, and suffered from severe pain in the back. There was also pain in the right inguinal region, and pain and difficulty, but not undue frequency, of micturition. The abdomen became swollen on January 6th.

Pain has been present in the left side of the abdomen for about an hour whenever he takes much solid food, at times sharp and startling in character. He has lost 30 lbs. since July. Neither cough nor expectoration have ever been present.

The family history is negative as regards tuberculosis and cancer.

Examination.—He is a rather poorly nourished man, slightly anæmic, the temperature varying between 99° and 101°, the tongue coated, and the pulse 80. The abdomen slightly distended and the muscles rather tense. There is increased fullness on the left side below the ribs, and a gurgling sensation, but no clearly defined tumor. The note is dull in both flanks, especially the left, unaltered by change of position, and there is slight fluctuation over the tumor. At the right apex there is dullness both front and back, with fine crackling and sibilant râles: no cough or expectoration. The other organs are normal, and the urine is alkaline, contains a trace of albumen, and a heavy deposit of phosphates, but no pus.

The condition remained unchanged, slight fever being present, and on the 24th he was transferred to Dr. Armstrong's ward for laparotomy. The operation was performed on February 25th, when the intestinal coils were found much matted together by moderately firm adhesions. Numerous tubercles were scattered over the peritoneum, and small pockets of fluid were present on the left side. A good recovery from the operation ensued, the stitches being removed on the tenth day, and the patient was up on the 18th. The temperature continued elevated in the evening, but showed a rather lower average than before the operation, but with occasional rises to between 102 and 103. He left the hospital on March 9th, feeling in better health, free from abdominal pain, and his general condition somewhat improved.

In this case the diagnosis of tubercular peritonitis rested on an indefinite tumor in the abdomen, with fever, and on the presence of physical signs of tuberculosis at the apex of the lung.

Miliary tuberculosis of peritoneum—Laparotomy—Subsequent involvement of pleuræ and pericardium.

The patient, a woman about 21, domestic servant, was admitted to the hospital for abdominal swelling. She came to the city last fall, and had been gradually