

TUBERCULOUS PERITONITIS

WHEN the germ of tuberculosis attacks the peritoneum, having been conveyed thither *via* the blood-stream, it may do so primarily, or it may settle in the mesenteric glands, involving the delicate serous membrane of the peritoneum at a later period. The term *tabes mesenterica* should, strictly speaking, be reserved for cases of the latter type. This condition may exist without giving rise to any specially characteristic symptoms except those of vague ill-health, loss of weight and appetite, and slight evening rise of temperature. Sometimes the enlarged glands can be felt through the abdominal wall in the form of hard masses, which might be mistaken for collections of feces, but, of course, they do not move along the bowel.

CONSUMPTION OF THE BOWELS,

as it is commonly called, includes this form of abdominal tuberculosis, and is most often met with in children between the ages of three and six. If all goes well, and the child has plenty of fresh air and cod liver oil, the affected glands suppurate, and then dry up and become converted into calcareous masses, when they cease to give trouble.

Two other types of peritonitis are common, namely, a plastic or adhesive variety, and the ascitic, in which a quantity of fluid is poured out. The first of these types is produced when the disease affects the peritoneum; secondarily from caseating abdominal glands, or from a deposition of scattered foci of tubercles over a considerable area. The symptoms are those of diarrhoea, pain and discomfort, and general malnutrition. The peritoneum becomes matted to the surrounding viscera in several places, causing irregularly-shaped masses to form, consisting of adhesion with, perhaps, a little fluid, or even caseating material, shut off from the main peritoneal cavity. When much fluid is secreted the case resembles that of an ordinary ascites the abdomen enlarging gradually, and sometimes rapidly. This type of peritonitis occurs in adults as well as in children.

SOURCES OF INFECTION

Tuberculous peritonitis is frequently secondary to phthisis, or to tuberculosis elsewhere in the body. It is said that over half the cases are due to the bovine type of the tubercle bacillus, and therefore it is possible for the infection to be conveyed to the system through the agency of cow's milk that happens to contain the bacilli. Measles and whooping-cough have sometimes an unfavourable influence in lowering the resistance of the body to germ infection.

It may be said that the prognosis in abdominal tuberculosis is rather more hopeful than that of many other forms of the disease, but much depends upon the stage of the disorder and the amount of damage done to the tissues, as well as upon the social status of the patient. In very young children the condition is often hopeless, though recovery is not impossible at any age. Still, the disease is always a serious one, since a considerable number of cases ultimately succumb from exhaustion or from generalized tuberculosis. Matting of the intestines, due to the formation of adhesions, seems in itself an attempt at cure.

As in all forms of tuberculosis, the earlier the case is recognised and taken in hand the better will be the chances of arrest and even of recovery. The patient must be put to bed and kept there so long as there are any acute symptoms, such as diarrhoea, colicky pains, evening temperature, ascites or distension. When these have subsided a spinal carriage may be substituted for bed during the daytime. The room should be as large and airy as possible, and in summer weather the patient should sleep out in a shelter or upon a balcony.

The diet will be according to medical orders, but peptonised milk and Benger's food will play a large part, together with eggs, custard puddings, arrowroot, or chicken cream. Malted milk sometimes agrees better than ordinary cow's milk.

If ascites be the predominant feature, laparotomy may be performed, and after the fluid has been evacuated and the daylight has been let into the abdomen the symptoms will sometimes subside. At other times the doctor will simply perform paracentesis, though this may need to be repeated frequently.

In mild cases artificial sunlight treatment may be tried, while a few cases do well with tuberculin injections. Inunction of the abdomen with blue ointment or iodex is advocated by some, while internally such drugs as creosote, bismuth, or chlorodyne have their uses for diarrhoea or pain.

He who foresees calamities suffers them twice over

Above all things let us beware of that cold supercilious tone, which blights what is generous and affects to disbelieve all that is disinterested and unworldly.

Let a man first instruct himself, and then he will derive instruction from others.

A crowd of troubles passed him by
As he with courage waited
He said "Where do your troubles fly
When you are thus belated?"
"We go," they said, to those who mope,
Who look on life dejected;
Who weakly say good-bye to hope—
We go where we're expected.