It may be assumed that primary pneumococcal peritonitis is a very rare clinical manifestation. This idea gained ground because of the scanty reference of the disease in Indian literature. As far as the records are available, no reference to this condition can be found. This fact prompted us to report three cases of primary pneumococcal peritonitis which were seen in the course of the last 18 months. All these cases occurred in female children.

A review of European literature will show a large number of references to this condition.

Before the discovery of Diplococcus pneumoniae (Pneumococcus) the existence of this disease was known to the older physicians and from the clinical description, it appears that the cases conformed to those of pneumococcal peritonitis. Thus the disease was known from the beginning of the nineteenth century and it was the French authors who contributed mostly to the literature available. German medical literature also contained descriptions of this disease.

After the discovery of the organism by Fraenkel and Wichselbaum in the year 1886, there were numerous observations of these cases which were established bacteriologically. Among the recent observations it is the work of Rohr which is worth mentioning. He reported 191 bacteriologically positive cases of pneumococcal peritonitis (Pfaundler and Schlossmann, 1935).

It should be noted that primary pneumococcal peritonitis is no doubt a rare disease. In Children’s Hospital, Great Ormond Street, 20 cases of pneumococcal peritonitis were seen in the course of 15 years (Barrington-Ward, 1932). Although cases of primary pneumococcal peritonitis are rare, it is quite possible for a practising physician, if he keeps this
clinical condition in mind, to come across such cases from time to time.

**VARIETIES OF THE DISEASE**

MICHAUT (1901) subdivided pneumococcal infection of the peritoneum into 2 groups—primary and secondary:

(1) *Primary Pneumococcal Peritonitis*—It is a disease peculiar to childhood and affects girls more than boys. The peritoneal infection in this group appears to be the only clinical manifestation and forms a distinctive disease. The seat of primary focus in these cases cannot be detected and therefore they are regarded as idiopathic type. It may be that the organism may have reached the peritoneum either from throat, vagina or intestinal canal with or without any clinical manifestation in those areas. In the majority of cases, however, no information as to the site of commencement of the disease can be obtained either clinically or on operation. On rare occasions other serous membranes may be affected by *D. pneumoniae* either simultaneously or individually.

(2) *Secondary Pneumococcal Peritonitis*—These groups of cases arise as a result of infection elsewhere, such as lung (pneumonia), pleura (empyema), ear (otitis media) or joint (arthritis). Thus in this type the infection extends to the peritoneum from an extra-peritoneal site. This variety of disease is most commonly seen in children who are suffering from lobar pneumonia complicated by empyema. It may also be seen in adults. The manifestations of the disease are entirely different from those of the primary variety. The infection is often mild and there is a particular tendency of the disease to localise with the formation of circumscribed abscess. A very important fact that should be taken into consideration is that when peritonitis occurs in association with pneumonia, the infection does not spread from thorax to the abdomen because such an invasion will be against the lymph stream. The infection is therefore haematogenous.

**ETIOLOGY OF PRIMARY PNEUMOCOCCAL PERITONITIS**

*Sex and age incidence*: The peculiar interest of the disease lies in the fact that it is mainly confined to female children. BARLING (1912) collected a series of 234 cases of which 172 (73%) were females and 62 (27%) were males. Other observers