

In the first of these the man complained of pain in the abdomen below the umbilical level, well within the position of the classical point of M'Burney. He protested that he felt something give way in that region while coughing. On examination a globular swelling, tense and elastic, was made out to the right of the middle line. It was very tender on pressure, and, though it felt too superficial to be intra-abdominal, I called for the opinion of my surgical colleague. On his advice the bladder was emptied by catheter, but only 4 oz. of urine were obtained. The man was desperately ill, having a diffuse broncho-pneumonia, and in addition an old-standing nephritis, which had been awakened by his influenzal attack; thus no operation could be entertained. A further similar swelling, though smaller, appeared on the left side, at or about the same level. He died, and at *post-mortem* there was found to be extensive hæmorrhage into the rectal sheaths.

On the second occasion on which I met this condition, it was readily recognised in the light of the former experience. This case also came to *post-mortem*, and the observation was confirmed. In connection with skin lesions, one case with a very puzzling eruption is worthy of mention.

The man was admitted in the ordinary routine as a case of influenza. He complained of headache, backache, general soreness, and fever, and had had vomiting just before admission. Under ordinary treatment the fever subsided, with general easing of the pains, on the third day. On that evening a rash was observed on the face, forehead, and scalp, dull red and papular in character, and distinctly shotty to the feel, particularly so on the forehead. Next day a few similar papules were observed on the wrists. The fever recurred with the appearance of eruption, and the pains in head and back were more pronounced. The association of the initial fever with its accompanying symptoms, and the secondary fever as described, strongly suggested small-pox. The question was raised with the authorities, but no case of variola was known to exist, or to have occurred, in the neighbourhood from whence he came. The further progress of the case in isolation continued the resemblance, as the rash spread to the arms and trunk, and lastly to the lower limbs, though in this region it was much less marked. The buccal mucous membrane was, however, not obviously affected. The papules became vesicular, and later pustular, with severe oscillating pyrexia. Thereafter the eruption dried, with formation of scabs and desquamation. As the scabs separated there was practically no pitting left. The temperature fell by lysis, and he made a good though slow recovery. He was seen at various times by the consulting physician for the area, and by the skin specialist, as well as by others interested, though no authoritative finding was arrived at which could explain the condition. The case was regarded