

was very dark and with no dsposit. Pulse 96, and soft ; temperature 101°. Poultice to be continued, and the draught if necessary Towards night the pain and tenderness was becoming excessive, and he vomited several times. The symptoms of general Peritonitis were now evident. I stopped the mixture, and ordered pulv. opii. gr. i. every three hours, and gave him at the time a hypodermic injection of gr. $\frac{1}{4}$ of Morphia. Evening temperature was 102° ; pulse 120, short and sharp.

20th.—Morning temperature 101° ; pulse, 130, very wiry ; expression of countenance very anxious ; cold sweat on his forehead ; vomiting worse, vomited matter being yellowish green. Tenderness of abdomen very great, and abdominal walls very hard ; could scarcely bear the weight of poultice. I now gave him instead of opium, by mouth, Morphia gr $\frac{1}{4}$, hypodermically every two hours ; ordered a sinapism to epigastrium, and ice by mouth with milk, which had been his only diet throughout, in small quantities frequently.

At 1 p.m., Dr. Fenwick saw him, and ordered champagne by mouth, but made no further change in the treatment. His arms were now cold up to the elbow. The champagne he sometimes retained, and sometimes rejected. Towards night I gave him Sod. Bicarb. grs. 5, and Acid Hydrocyanic dil mij every two hours, and continued the morphia injections every 2 hours. Temperature this evening 99 2-5° ; pulse 140.

21st.—Towards morning he vomited very little and slept some. Temp. 100 2-5° ; pulse 140. His pupils, notwithstanding all the morphia he had taken, were not very much contracted. Through the day he became at times slightly delirious and would attempt to get out of bed, but was easily quieted. At 5 p.m., just after I had left the ward, he suddenly became furiously delirious, could scarcely be held. Snapped at my hand with his teeth. At the same time his pulse became almost imperceptible and his pupils widely dilated. After a furious paroxysm of about two minutes, he sank back and died at 6 p.m.