fection could have originated elsewhere, and if elsewhere then breaking down the tegmen would have availed nothing and been no barrier to the formation of the cerebral abscess. Finally having opened two abscesses already, in the area where the intensity of the disease had manifestly expended itself, viz.: the mastoid sub-periosteal abscess, and the abscess over the lateral sinus and good drainage afforded, it was reasonable to conclude that the source of existing symptoms had been eradicated when these foci were removed. Although unfortunately, the case had not a successful termination, it was, I think, both interesting and instructive, and as such I offer it to the Society, feeling as I do that the tendency of the profession to report successful cases only, is generally too prevalent. For that matter, the results of a so-called successful operation are not always lasting in these cases, for repeatedly it has happened that one, two, or four weeks after the pus has been evacuated, an unfavorable outcome has supervened.

A CASE OF MULTIPLE TRAUMATIC PERFORATION OF THE SMALL INTESTINE.

BY

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The following case appears to me to be of sufficient interest to report, showing as it does, what the peritonæum may do under certain circumstances with no more surgical aid than a mere drainage incision.

N. P., a Siamese lad, 14 years of age, was admitted to the Police Hospital on the evening of January 12th, 1909, having some two hours previously been shot in the abdomen at close range with a large calibre revolver. He presented an irregularly circular wound about one-half inch across just inside the ant. sup. spine on the right side. There had been very little bleeding from the wound; there was no escape of gas or fluid nor any viscus present. The abdomen was generally resistant. both flanks were dull, but the dulness was not movable. Liver dulness appeared normal. The pulse was over 160 respirations, rapid and shallow, pupils dilated and expression anxious. The patient did not complain of pain and had passed clear urine since receiving the injury. The bowels had not moved. There was a good deal of shock, nevertheless the abdomen was opened immediately in the mid-line, below the umbilicus, by an incision about 3 inches long. Much blood and some fæcal material of small gut consistency came away. The small intestine was delivered and almost at once a wound perforating both sides of the gut was found. Near it was a laceration on the anti-mesenteric side of the gut about one and one-half inches long. There was also much bruising of the mesentery between these two. The three wounds were closed up