obstructing portion of the gland, so that the improvement is not only permanent but progressive.

I have only operated in a few cases, but in these the relief was so prompt and the improvement so marked that I should not hesitate to recommend the procedure in appropriate cases in future. The question as to when the operation should be undertaken is rather difficult to answer, but my own opinion is that it is a mistake to wait until the patient is worn out by disease and suffering. It may be fairly urged against too long delay that it condemns the patient to a great deal of avoidable suffering, and at the same time lessens his chance of ultimate recovery and so tends to bring the operation into undeserved disrepute. In this, as in all other surgical procedures, it is improper to operate upon a dying man; but it is no less improper to delay an operation until hope has fled.

PERFORATION OF THE BOWEL—CASE IN PRACTICE.

DR. J. A PALMER, RICHMOND HILL.

The following is reported not with a view of giving information, but rather in the belief that a brief summary of the facts may prove interesting to members of the profession from the peculiarity of certain features of the case:

S. H., girl, aged six years, was first seen by Dr. James Langstaff, April 22, 1887, about 7 p.m. The child was suddenly taken ill the day before with a violent attack of purging and vomiting. The abdomen was tumid and very tender, and she winced greatly on pressure, pulse about 170. She was in a semi-comatose condition, with eyes wide open and lifeless, and the pupils dilated. Under treatment she gradually aroused and appeared more sensible when spoken to, though the tenderness and abdominal distension continued throughout the course of the disease.

The patient continued, with some improvement in the general symptoms, till fluid was detected in the peritoneal cavity, and on the 14th of June purging set in, the fluid quickly disappeared, but the abdomen became more distended than before, and tympanitic over its entire surface.

At this time we suspected perforation of the bowel, for although the child was purged no gas escaped with the watery discharges, and shortly after this a fulness appeared on the left epigastric region, as though an abscess had formed. This opened externally on June 22nd with little discharge except fœtid gas, abdominal walls falling in at once. From this time to the termination of the case on July 10th, a large portion of the contents of the alimentary canal passed through this opening, the child also still having evacuation by way of rectum.

Patient's appetite improved; the strength, however, gradually diminished, and she expired about 2 a.m., on July the 10th. The same day I held a *post mortem* examination which revealed, in brief, the following condition:

Beneath the integument two apertures could be felt in the peritoneum, which was thickened; adhesion existed between the bowels and peritoneum, especially in epigastrum, and also in places between the bowels themselves. The diameter of the aperture in the abdominal walls was fully an inch, but did not correspond with any internal opening in peritoneum. An opening (diameter $\frac{3}{4}$ inch) existed in the bowel (ascending colon) through which its contents escaped. Below this perforation the calibre of the intestine was narrowed, and contained fæcal matter, which was also in the adjoining peritoneal cavity.

There can be no doubt that perforation of the bowel occurred, at least, by the 14th June, and from the sudden onset and violent character of the initial symptoms it would appear probable that the commencement of the trouble in April was coincident with this perforation. I know of no recorded case in which life continued so long under such circumstances. Unquestionably the contents of the intestines, in part, passed through the opening in the abdominal wall for nearly a month, and if we are justified in dating from the commencement of the attack, the perforation existed for more than ten weeks.

Leroy recommends the administration of aconitine in case of violent syphilitic headache.