many weeks was unlike the course of ulcer as generally described. The fever, the quick pulse, and the flush of the patient's face made the presence of peritonitis certain and the general condition would, I felt sure, rapidly become worse. A little delay was occasioned in obtaining the consent of the mother of the girl to an operation.

Operation.—At 9 p.m., ether being administered, an incision two and a half inches long was made by Mr. Silcock a little below the xiphoid cartilage in the linea alba. Recent adhesions of lymph were found in all directions on opening the peritoneum. The wound was now lengthened and a horizontal cut was made to the left side for one and a half inches. A good deal of serum escaped, and upon examination a small perforation was found a little to the left of the linea alba in the lower part of the anterior wall of the stomach, through which escaped a small quantity of frothy mucus. The surrounding peritoneum was covered with soft adhesive lymph. After cleansing the wound several unsuccessful attempts were made to close the perforation by invaginating its edges and stitching with Lembert's sutures. However, by the aid of long rectangular cleft palate needles and silk sutures this was ultimately effected. The wound was washed out with sterilized water, the greater part of the vertical parietal incision was closed with silk-worm gut sutures, and a large double cyanide gauze drain and dressing were applied. The operation lasted one and a half hours. On the 17th the temperature was from 100° to 102°. There was a copious greenish discharge; the sutures had evidently given way, and by the aid of an electric lamp the perforation could be seen at the bottom of the wound. On the 19th there was acute pain with tenderness and swelling of the left parotid gland, the temperature rising to 102°. Belladonna fomentations were applied, and the acid drops were ordered to be sucked to stimulate the flow of saliva; the nutrient enemata were well retained. On the 21st the maximum temperature was 101°. The discharge was offensive. Iodoform gauze plugging was substituted for cyanide. On the 22nd the temperature was 100.4°. There was dullness with some tenderness in the left hypochondrium, and Mr. Silcock passed a long probe from the wound towards the left into a cavity from which the offensive discharge could be seen to flow, and decided to at once make a counter opening. Under an anesthetic the wound was well irrigated. A counter opening by a horizontal incision one and a half inches long was made in the eighth left costal space; a large drainage tube was then passed from one wound to the other and the cavity was again irrigated. The little finger inserted through the perforation detected no signs of ulceration of the surrounding mucous membrane. With