

The next day there was no return of the hæmorrhage. There was increase resonance on percussion. Large moist râles over chest generally. Heart sounds normal.

On the third day of the illness there was a slight return of the hæmorrhage. Altogether she had taken three lead and opium pills, for I gave her ergot.

She complained to me that day that her bowels were confined, and I ordered a enema of soap and water.

On the following day she was thought to be quite well, and she resumed her ordinary occupation.

Two days after she was apparently in the best of health, and was doing her daily work in the institution.

Five days after her recovery I received a message to hurry to see Mrs. B. I was out at the time the messenger arrived, and did not get to the Church Home for two hours afterwards. Mrs. B. was just dying; insensible; extremities cold. She died within a few minutes of my arrival.

I was told that that morning she had been uneasy in her bowels, and complained of distension with gradually increasing pain, and that her abdomen had become distended. Turpentine stripes had given momentary relief.

*Post-mortem appearances.* — Abdomen much distended with gas. The colon was very large, as large as a quart bottle, and dark in colour from congestion. Beginning at the sigmoid flexure and involving the upper part of the rectum was an indurated stricture which almost occluded it. The gut itself was much thickened, and was constricted on the outside.

The colon above contained a large quantity of semi-fluid fæces. There were no other lesions except those found in the old cases of bronchitis with emphysema.

The site of the disease affords a definite reason for the absence of pain. Those who have read Mr. Hilton's admirable lectures on "Rest and Pain," will perhaps remember his remarks on this very point.

"Little sensibility and easy dilatibility are the physiological characteristics of the rectum, except at the lowest part, where