to-night for the purpose of mentioning those instances of spontaneous ulcerative opening at the umbilicus, which have occurred under my observation in the course of peritonitis.

One of them was a puerperal case, and occurred many years ago. The patient was an Irish woman, and I cannot find any memoranda now of the case, though I kept some at the time. I remember that the inflammation did not come on until a week after confinement, that it was very severe, and that there was great distension of the abdomen. Perforation at the umbilicus took place as late as the third or fourth week of the disease, with escape of enormous quantities of turbid fluid and great masses of coagulated fibrin. The perforation remained open and the discharge continued; and the patient, after several weeks of great suffering, died, worn out by the continuous and exhausting discharge.

The second occurred in a patient upon whom I had performed the operation of ovariotomy. Severe local peritonitis followed the operation, and, after the wound had entirely healed, an extensive induration remained in the lower part of the abdomen. This at last grew soft; symptoms of fever and great irritation set in; and finally the umbilicus grew puffy and distended, and gave way, with great discharge of thin, purulent and offensive fluid. The resulting sinus, and the difficulty of keeping it open, which led to frequent closures with retention of pus, and many attacks of fever and pain, made the case a very annoying one for months, but the patient ultimately made a complete recovery.

A third and very remarkable instance occurred in a patient of Dr. Francis, while temporarily under my care during Dr. Francis' absence. The case began as one of acute general peritonitis, and, passing on to a very distressing chronic form, developed in a most marked degree the characteristics of capsulated solid effusions. Ultimately, (I hardly remember at precisely what period of the disease) a spontaneous opening occurred at the umbilicus, giving exit for a large amount of exceedingly offensive, thin, purulent fluid. The whole progress of the case was marked by unusually interesting features, and ended in apparently complete recovery. I have no doubt Dr. Francis will give us a much fuller account of it. I only mention it myself from the accidental circumstance of my attendance at the time the perforation occurred.

A third point of personal experience to which I would allude is, that the symptom of stercoraceous vomiting, even when long continued, is not necessarily a fatal one. I have seen two instances in acute diffuse peritonitis where this symptom was present and constant, with hiccup, for several days, and yet the patient recovered.

One was a patient upon whom I had operated for strangulated hernia. The peritonitis which followed was general and very severe. There was great distension of the abdomen, copious discharge of fluids and flakes of lymph from the wound, constant vomiting, which at an early stage became stercoraceous, and hiccup, and yet the patient, who was an insane man, at last recovered. The other was a very remarkable case of a young lady who was under the care of Dr. Bull, and whose case will undoubtedly be reported by him.

I confess that I do not understand the mechanical or the vital conditions which give rise to this loathsome and terrible symptom, but as ileus is so exceedingly apt to be regarded as pathognomonic of some intestinal obstruction, the recovery of two such cases seem to me worthy of mention.

A fourth and last point of experience and observation to which I wish to allude relates to the value of calomel in the treatment of peritonitis. When I commenced the practice of medicine I was very strongly prejudiced against the use of mercury in any form, or in any disease, and especially in the treatment of peritonitis, for there was then a prevalent idea, in New England at least, that mercurials were unnecessary and hurtful in the disease, and that the true treatment was by large doses of opium, with a view to arresting entirely the peristaltic action of the intestines. This treatment of peritonitis was claimed as a sort of discovery for Dr. H. H. Childs of Pittsfield, and I remember to have heard him extolled as a benefactor for having discovered its merit, and taught it to his pupils. Nevertheless the text-book of Theory and Practice used then in the Boston schools was Watson, and I have the substance of that delightful book, if not the literal text, almost by heart. Now Dr. Watson's injunction was to "obtain in these cases, as speedily as possible, the specific effect of mercury upon the system, by calomel and opium or by inunction."

With such diverse instruction and ideas upon the subject I came to one of my first important cases of peritonitis; important, I mean, not simply as a case of disease, but important as to the character and social position of my patient, and so, as I then thought, important in its influence upon my fortunes. I was then in Sterling, and this occurred at least twenty-five years ago. My patient was a young