at the autopsy, an intestinal suture that is all that it should be, impervious to gas and liquids. These are the cases that are the most worrying and in which a sober judgment is most needed. It is difficult to say in a general way what leads the physician and the surgeon to agree upon the non-advisability of operation. Sometimes it may be the rapid onset of signs of general peritoneal infection, sometimes a very rapid pulse or cyanosis, sometimes the age or general condition of the patient, sometimes in prolonged cases, a fear that an operation would be the proverbial last straw. If the patient be in good condition this last consideration need not trouble the practitioner, for it does not appear that the operation, even if it should turn out to be an exploratory one, (which has happened more than once) diminishes the patients chances of recovery from the typhoidal infection, or materially alters the subsequent course of the illness. Finally, as regards the time for operative intervention, it seems to be the latest opinion that, if possible, the operation should be undertaken not later than twelve hours after the occurrence of the first symptoms, but that the patient should be allowed to recover from the actual, or supposed, shock immediately following a perforation.

I fear I may have become wearisome with details of what may not be a "live issue" with many of you, and that little time is left for other topics worthy of at least a brief mention. Among these, few can lay claim to greater interest than the diagnosis of meningeal inflammations in the light of two comparatively recent, and as yet insufficiently appreciated, methods of physical examination—Kernig's sign and rachicentesis, or, as it is better known, the lumbar puncture of Quincke. Both of these procedures are really very valuable additions to the physician's diagnostic armamentarium, the first enabling him to affirm or deny the existence of meningeal inflammation in general; the second, in addition, affording him a certain method of differentiating the various forms of meningitis according to the bacterial species that is the cause of the inflammation.

Kernig, a Russian physician, descried in 1884, a physical sign which seemed to him to be present exclusively in affections of the pia mater, and particularly in those attended with inflammation. This sign consists in a tonic contraction of the flexor muscles of the thighs, when the thighs are at a right angle with the body and the legs extended upon the thighs.

In a healthy individual it is possible to extend the leg completely, or almost completely, with the thigh in such a position, while in a patient suffering from meningitis it will be found that, soon after the leg has been extended a little beyond a right angle with the thigh, a