being counted every fifteen minutes for several hours. It is usually possible to recognize when he is warm in bed, and given hot applications for the abdomen, that the condition remains or becomes favourable if no viscera are torn. Morphia ought not to be given until the diagnosis is certain, as it masks symptoms.

On the other hand, if important organs are torn, the condition will get worse, or at any rate there will be no improvement. The pulse-rate often rises and its volume diminishes, the face becomes anxious, the patient, as we say, 'looks bad' and there is often rigidity of the abdominal wall. The temperature may be subnormal. Vomiting is fairly common, but not necessarily important: even slight haematemesis may be of no serious import. In a case under the writer's care, although twice vomiting blood, a boy recovered without further trouble. Evidence of free fluid in the abdomen, or the pallor and air-hunger of great hæmorrhage, are, of course, very grave signs. In ruptured spleen there may be fixed dullness in the left flank and shifting dullness in the right. Loss of liver dullness is of no importance.

Such signs as the above are usually to be detected after watching the patient for four or five hours, and may, of course, be evident much sooner. They urgently demand laparotomy. In our experience at the Bristol Royal Infirmary, mistakes in diagnosis in cases thus watched are very uncommon, though it is often impossible to tell what organ is damaged.

One possible result of a blow on the abdomen well deserves notice. The writer has seen two cases illustrating it. After a contusion of the right iliac fossa, acute appendicitis may come on rapidly. In the first case, following a blow by a football, there was pain, tenderness, and rigidity, but the patient looked well, the pulse was normal, and he walked up to the hospital. The local signs were attributed to the blow the day before, and the lad was told to rest at home. Two days later he was admitted with appendicitis and general peritonitis, and died. In the second case, the condition when first seen was exactly similar, but the temperature was taken, and found to be raised. This boy was operated on, and recovered well. The temperature is the clue to these very deceiving cases.

Ruptured Intestine.—We are greatly indebted to the careful study of Berry and Giuseppe on 132 cases, being the total number treated in ten London hospitals from 1893 to 1907. The writer has been able to trace 6 more treated at the Bristol Royal Infirmary (1900–1912).

Traumatic Rupture of Intestines.

	Without Operation			With Operation		
	Cases	Died	Recovered	Cases	Died	Recovered
London Hospitals	48	44	4 = 8%	84	67	17 = 20%
Bristol Royal Infirmary	1	1	0	5	1	4