104.1, pulse 116, respiration 40, rose spots most abundant over the chest and abdomen, slight enlargement of the spleen, and pulse dicrotic. In addition, there was a well marked bronchitis, rales being marked all over the chest, back and front. Indeed it was for this chest condition that her brother had called me, as she had been ill for a week or ten days, and, not improving, her friends were becoming anxious as to her condition. However, I had all the diagnostic marks of typhoid fever, and so told her friends.

I prescribed Yeo's Chlorine Mixture and an expectorant, with the usual fluid diet. She ran a typical course, the temperature varying from 100 to 103.5; her bronchitis cleared up, and she was progressing favorably till about midnight of the 10th of January, 1906, seventeen days from the time I first saw her, when she was seized with severe pain in the right hypochondriac region. There was considerable tenderness, and slight rigidity of the abdominal muscles; temperature 102, pulse 120. She described the pain as an "awful pain", though the appearance of the face was restful. I suspected perforation, and stopped fluids and medicine by mouth, gave her hypo. of morphia, and ordered hot stupes, with result that pain was relieved. The next morning her temperature was 101, pulse 120, abdomen slightly tympanitic. Her pain, however, had descended so that it was directly over McBurney's point, along with which was associated considerable dullness in percussion, and I had to think of appendical trouble. There were no other signs of collapse save the gradual dropping of the temperature and the slight change in the character of the pulse.

I had a consultation and we agreed upon a diagnosis of perforation in some form, either of caecum, colon, or appendix. We decided to remove her to the Victorian Memorial Hospital for operation, but in so doing we were immediately met with the objection of the patient, who did not realize the seriousness of her state, and it was only after considerable persuasion and some delay that we accomplished this, late that day. Unfortunately, not long after her removal to the hospital she suddenlp collapsed, becoming pulseless, and soon expired.

The brother at first refused a post-mortem, though I did my best to secure the same. Much to my surprise an hour later he came back and gave permission for a small necropsy. On opening the abdomen the peritoneal cavity was found to be filled with a greenish yellow bile. The appendix was insignificant in size and perfectly normal and showed not the slight-