to improve. He enjoyed some good intervals of sleep; the temperature of the surface was much more natural; the pulse fallen, and not nearly as frequent; his thirst also was much lessened by the enemata; the hiccough and eructations, though somewhat diminished, yet still very troublesome; the epigastric uneasiness still present, together with the appearance of a swelling to the left of the mesial line, and emerging from beneath the cartilages of the ribs. This swelling was about three inches long by two wide; not painful on being handled; dull on percussion, doughy to the feel, and strongly influenced by the pulsations. On auscultating this tumour, there was distinctly heard a sound, accompanying each pulsation, something like a bruit, but more like the churning or agitating of a frothy liquid. This, sometimes, was very audible, and more distinct over that portion of the swelling which was covered by the ribs, and extending up the left side of the chest.

On the 9th the condition of the patient was about the same as it had been the preceding twenty-four hours; but on the night of the 9th he was suddenly attacked with a most severe pain all over the abdomen, during which, as he expressed himself, he thought he must have died; and when I visited him on the morning of the 10th, I found all his bad symptoms increased in intensity, in addition to which he was constantly suffering pain, more particularly ascribed to the epigastrium. The swelling appeared also larger, although it certainly varied in size at different times. He now got stimulants and morphine by the hypodermic syringe, and strengthening enemata; but he remained in about the same condition all day, until about 9 o'clock P.M., when he died rather suddenly.

DIAGNOSIS.

The array of symptoms which presented themselves from first to last, strongly pointed to ileus, which, were it not for some slight shades of difference, I should unhesitatingly have pronounced it. For instance, he never actually vomited—that is, retched—and the fact of his illness coming on shortly after a strong muscular effort, in one whose powers were already much spent by excessive labour, led me to suspect the laceration or giving-way of some important internal structure. Again, there was never anything like stercoraceous matter ejected; in fact, nothing seemed to find its way between the stomach and duodenum. The stomach appeared incapable of holding any quantity of anything, for a few teaspoonfuls of beef-tea, wine, or water were quickly ejected by eructations. There was never any tympanitis. The epigastric swelling became an important feature in his case, but what formed it was mere conjecture, although, of the many suggestions which offered themselves to us, the question of diaphragmatic hernia was mentioned by Dr. Digby. Then the strong pulsations in this swelling, together with the peculiar sound which accompanied, it led me at times to fear the existence of injury to some large bloodvessel; at any rate, the symptoms, taken as a whole, were sufficiently bewildering to render an attempt at diagnosis hazardous; and but for a post-mortem, we should have been forever in the dark as to the cause of death. During his whole illness, his respiration was but slightly, if at all affected.

AUTOPSY THIRTEEN HOURS AFTER DEATH.

Rigor mortis very marked; considerable ecchymosis on posterior aspect of body. On opening the abdomen, the intestines were seen to be a good deal distended with air, the small intestine highly vascular, and the stomach, or that portion of it which could be now seen, was dark, congested, and much inflamed. There were also several small patches of recent inflammation, on various parts of the peritoneal surface. This recent peritonitis was found to be caused by slight extravasation, through a small, perfectly circular aperture, through the coats of the stomach itself. On opening the chest, the explanation of the symptoms, during illness, and the cause of death immediately became apparent.

The left pleural cavity contained, besides the lung, the greater portion of the stomach, consisting of the whole of the great curvature, together with the cardiac orifice forcing the lung towards the apex of the chest, and filling about a third of the left pleural cavity. This large portion of the stomach had found its way into the thorax, through a rent in the left crus of the diaphragm, just where it forms with its fellow, the aperture for the passage of the œsophagus. This rent easily admitted, beside the protruded stomach, two of my fingers. The lungs were healthy;