

quantity. This progressive diminution continued until the day of his discharge from the hospital, at which time there was but slight staining of the dressings and the wound would permit of the entrance of two fingers only. One month later he was reported as rapidly increasing in weight, his appetite good, the movements from the bowels natural and well formed. A few days later, when I saw him, the opening in the side was about the size of a lead pencil and discharging a little colorless watery pus. Late in the autumn he again visited the city, having ridden fifteen miles on a bicycle. He then was a stout healthy fellow, and the wound had quite healed.

From the extreme rarity of the literature touching upon injuries such as I have described, one must conclude that they are exceedingly rare. Waring (1897) in his work on "Diseases of the Liver and Gall Bladder," makes but slight mention of them, and, judging from his appended bibliography, that author must have canvassed the subject pretty thoroughly. Since that date the *Index Medicus* records very little. Thirwell Thomas, F.R.C.S., reports in the *British Medical Journal*, No. 1975, a case of ruptured gall bladder cured by incision and suture of the rent. In the report he particularly emphasizes the marked symptoms of collapse, the extreme rapidity of the pulse, and the nature of the accident—falling flat on the abdomen.

In the *London Lancet*, January, 1898, there is a report of "A Case of Rupture of the Common Bile Duct," by Walter Spencer, in the service of Westminster Hospital. In the opening lines of his article he states that cases of rupture of the common bile duct are exceedingly rare; that there are seldom any signs of inflammation from extravasated bile; that as a rule only a few adhesions form; that suppuration is very rare; that death usually is the result of exhaustion; and that it may not occur until many days after the injury. The case referred to by Spencer was that of a boy who was run over by a Hansom cab, the wheel passing over the upper part of the abdomen. When brought to the hospital he was collapsed and pallid, with a frequent pulse, rapid respiration and subnormal temperature. There was no bruise apparent, no tenderness over the abdomen, and no blood or sugar in the urine. Rapid pulse and respirations, vomiting, progressive emaciation and jaundice were the