sofa, with bowels protruding from a rent in the abdominal wall. She had bled profusely, and pulse was imperceptible, but she was quite rational, and explained how it happened. I sent at onee for an assistant, but it was some hours before he arrived, by which time she was unconscious, and seemingly about to expire at any moment, but she lingered on till about 6 a.m. on the 29th, or about fifteen hours after the accident.

Post mortem examination revealed about four or five feet of intestine, together with some omentum protruding from the rupture in the abdominal wall. The tear was in the site of the old cicatrix, extending from near the pubes to the umbilicus, and the skin only was torn for over an inch upwards, and to the left. I could easily insert the whole hand into the abdominal cavity through the wound. The abdominal cavity was pretty well filled with blood clots. On examining the intestine, I found it to be torn directly across, the tear extending through the mesentery to the spine, hence the extensive bleeding which took place. The stomach and bowels were in a healthy condition. Now what were the causes of the rupture? I have been wondering what part the following conditions played in the etiology, viz.: the cicatrix, the dropsy, the pressure and senile atrophy.