

feet, evidently nature's effort to reinforce the ulceration and avert perforation. The ulcer was turned in by means of a double row of Lambert's sutures, and the peritoneal cavity was flushed out with hot salt solution. Iodoform gauze was put into the abdomen at the site of the perforation, to act as a drain, and the abdomen was closed, with the exception of about an inch, to allow the passage of this gauze.

He was back in bed again at 10 o'clock, the operation taking about thirty-five minutes. We considered from the symptoms that perforation had probably occurred at 2.30 o'clock, so that the operation was done 18½ hours afterwards. Immediately after the operation his pulse was 140, but in an hour's time it came down to 120; 1/20 grain of strychnine was given hypodermically immediately after the operation, and every two hours for four doses. Then 1/30 grain every three hours. Eight ounces of hot salt solution was given by rectum every two hours for the first twenty-four hours after operation. He was also given a nutrient enema, consisting of six ounces of milk and half an ounce of whisky every eight hours. At 12 o'clock he had a slight movement, very offensive, much flatus being expelled. At 1 o'clock his temperature was 100, pulse 118, and respirations 25. At 2 o'clock he had another small movement, a great deal of flatus being expelled. At 6 o'clock on the morning of the 2nd his temperature was 100, pulse 110, and respirations 26. At four in the afternoon his temperature was 99½, pulse 120, and respirations 26.

On the morning of November 3rd his temperature was 99½, pulse 106, and respirations 26. In the evening the temperature was 100½, pulse 108, and respirations 28. From this he continued to improve until the morning of the 5th, when his temperature was 98½, pulse 88, and respirations 22. Calomel was given on the 5th, and he had a free movement on the 6th, and temperature was normal on the morning and evening of the 7th, pulse 86, and respirations 20. The temperature fluctuated from this on, but gradually rose until on November 15th it went up to 101½, with a pulse of 104.

On November 16th I went up again to Ingersoll as there was pus coming from the original opening left for drainage, and it was thought not to be draining freely. The patient was given chloroform, and the sinus enlarged and found to lead to a cavity about the size of a hen's egg, which extended from the middle line outwards to the outer edge of the rectus muscle, the floor being formed of loops of bowel. I made a counter opening here for drainage, wiped out the cavity with 1/40 carbolic acid solution, and put a drain in through the old opening, and out through the new one on the right side of