men exceedingly tender, very much distended, tympanitic at the upper portion, slightly dull at the lower part, dullness more marked in left inguinal region. No flatus had passed since the beginning of the illness.

On opening into the abdomen the parietal layer of peritoneum was found to be much inflamed. Dr. Fish extended the incision through this and a very nauseous odor at once filled the room ; when the incision was but a short distance below the umbilicus, putrid pus welled up from the wound. On closer examination the case was found to be one of peritoneal abscess, situated in the left inguinal region, and in the sack of the peritoneum.

The obstruction was doubtless caused by the pressure of the abscess. The amount of pus was estimated at fully half a gallon. The peritoneum and the bowels as seen through the visceral layer were greatly inflamed, and dark in color. After the pus was thoroughly evacuated, a drainage tube was inserted, the wound was closed and the patient placed in bed.

He rallied nicely and had a pretty comfortable night; bowels moved twice and flatus passed freely, being the first since the 19th inst.

Next morning, 25th inst., temp. 99,° pulse 100 and firmer, free from pain except a certain amoumt of soreness over the bowels, looked brighter, felt better, could take broth and whiskey. From that time he partook of nourishment freely, pulse gradually getting stronger and more regular. Temperature normal, bowels moving naturally. He continued to improve until the evening of the 29th, when he complained of pain in the shoulders and right side. The doctor thought these symptoms due to absorption of pus, and the quantities given of whiskey and quinine were increased.

The next day, 30th, pain increased, with elevation of temperature ; a decided change for the worse, and he died quietly on the evening of that day.

From two to four ounces of pus were drawn off daily by syringe, besides that discharged from tube. The wound was carefully washed out twice daily with carbolized water. A peculiarity of the case was, an abscess of that size being found on the fifth day of the boy's illness, as he had not previously complained of any trouble.

Dr. Fish says, in concluding his remarks on this case, "I may say, there is not a doubt in my mind, that had an operation been done the night you first came, he would have recovered."

Correspondence.

OUR PHILADELPHIA LETTER.

(From Our Own Correspondent.)

CLINICAL LECTURE—UNIVERSITY HOSPITAL.

H. C. WOOD, PROFESSOR OF THERAPEUTICS.

Gentlemen,—We will first consider this morning the treatment of the present prevailing epidemic. This treatment does not differ from that pursued in a rational consideration of an ordinary "cold" in its various ramifications, bronchial, laryngeal, nasal, pulmonary and constitutional. At the beginning of an attack I prefer to order pilocarpine in the following manner : dissolve one-half grain of the drug in one-half ounce of water ; giving a teaspoonful of this every fifteen minutes until a drenching sweat is produced ; this breaks the fever and relieves the other symptoms, care being taken of course that no exposure occurs after or during this treatment. In addition quinine and strychnia can be added ; tonics are indicated if there is much depression or exhaustion. The lung symptoms if present must also be attended to ; for this purpose a weak mustard plaster over the chest is often sufficient ; the object being to establish a gentle counter-irritation. For a cough mixture, muriate of ammonia in brown mixture is an excellent thing ; the muriate being about the only one among the older expectorants which still holds the confidence of the profession. Better still is the combination of apomorphine with the muriate of ammonia ; apomorphine is one of the best exporants, especially to re-establish secretion ; one-fifteenth of a grain in brown mixture can be used to great advantage. Of course with this treatment it will be necessary for the patient to remain at home for two or three days.

Our first case is that of a woman complaining of paroxysmal pain ; this patient has been before us before and we diagnosed her case as probably of rheumatic origin. This pain began in the occipital region, extended over the head, down the body to the abdomen, associating with itself sick