

But within 24 hours of the onset of this symptom mucus was frequently passed by the bowel, a sign of rectal irritation. I examined with the finger, as I had already done more than once in the former period of his illness, and now found a large fluctuating mass, pressing on the rectum behind and uterine in front. This was distinctly the cause of the retention of urine. I at once called a consultation; Dr. Grasset saw the case with me, and we determined to puncture through the rectum the next day, with the patient's consent. The abscess broke during the night and the patient was once more able to pass water without assistance. During his convalescence he had had a sharp attack of epididymitis on the left side. The convalescence was slow but he can now handle his lacrosse stick with the best. Was this an extra-peritoneal hæmatocele, with subsequent suppuration?

No 7. Miss A. G., æt 18, was in the second week of typhoid fever. A sudden severe pain was felt in the left hypochondriac region about its lower margin. I arrived within five or six minutes by accident, and at once concluded that perforation had taken place. She was collapsed. I ordered absolute quiet, on the back, and at once injected $\frac{1}{2}$ gr. morph. sulph. hypodermically. Stimulants were given by the rectum and the stomach kept empty. The primary retching ceased, and for weeks the patient lay in one condition hovering between life and death. The distention was very distressing. The opiate was given only hypodermically. About a week after the onset of the peritonitis she passed blood twice from the bowels. The bladder symptoms were distressing; convalescence was complete, and the patient has since become a mother without especial difficulty.

No 8. Miss L., aged seven years, was creeping under a low bedstead for a ball, and when turned on her back struck the abdomen against the sharp edge of the bedstead just to the right of the navel. A soreness continued and increased to an unbearable pain before night. I was sent for about 10 p.m., and found her crying with pain, knees drawn up, temperature elevated, pulse rapid and countenance anxious. There had been some sickness of the stomach. Being homœopathic in their belief, I treated her, as a leading chemist leads me to believe they would have done, by giving her a good full dose of morphia to relieve her pain. Slight

distention developed but never increased. A hardness could be felt around the neighborhood of the injury as soon as the sensibility to pressure of the hand was dulled by the opiate. She continued in this condition for about a week, the temperature and pulse then became normal, and the hardness gradually disappeared, so that she was up in about three weeks from date of injury. No darkness was noticeable beneath the skin to indicate a superficial effusion of blood, but I suspect that a sudden hæmorrhage occurred beneath the peritoneum, that is a periperitoneal hæmorrhage.

No. 9. The next case was one of a large extra-peritoneal hæmorrhage, occurring from rupture of the right kidney. Mr. K. was working in a saw mill, sawing a log, when a piece of wood about $1\frac{1}{2}$ inches square and 2 feet long, was thrown javelin-like from the rapidly revolving saw. It struck him just below the margin of the ribs, on the right side of the abdomen. He fell to the ground instantly, and was carried home in a collapsed condition. A large lump developed immediately, and he passed about a pint of blood and water from the bladder. The lump was as large as two fists, and filled the right lumbar region. Fluctuation could be made out. I concluded that the right kidney had been ruptured, and that a large extravasation of blood external to the peritoneum had caused the enlargement. For several days he lay in a desperate condition, but recovered some of his former vigor in a short time. For a year a year he was not robust, but when last seen by me had no complaint to make about his health. Albumen was found in the urine from the first until the last time examined, several months after the injury. The hæmatocele gradually disappeared without evidence of suppuration. Even with this large collection of blood in the cellular tissues there was nothing in the color of the skin to indicate its presence. Now, to summarize the foregoing cases and endeavor to draw some conclusions: In none of them was any operation undertaken. In two, death occurred. Might not these two have been saved by operative interference. I certainly believe that in the one case of obstruction of the bowels from abscess pressure, the life might have been saved. Operation could not have harmed the patient. In the other case, that of the little girl, the opening of an already inflamed peritoneum could not have increased such