

He had several attacks of epistaxis. On the 23rd I asked Dr. Fenwick to see him with me, particularly as to the advisability of making an exploratory puncture according to the plan recommended by Dr. Willard Parker in 1867, and if an abscess was found to empty it, but he did not think the evidence of the presence of an abscess sufficiently well marked to do so. He advised the administration of a large dose of *ol. olivæ* to make sure that the cæcum was emptied. This was done, but it did not throw much light on the case. On the 4th April Dr. R. P. Howard saw him, and agreed with me that the symptoms were those of septicæmia, and suggested the possibility of hepatic suppuration.

On the 5th April a smart diarrhœa set in, 10 or 12 stools in 24 hours. The first three or four stools had been emptied before I saw them. His wife thought she had seen some matter in the first, but was not very sure. Those that I saw were fluid of a yellow color, and horribly fœtid, the smell sometimes causing the patient to vomit. I had all the stools kept until I saw them, for a day or two, but never found any trace of pus in them. The diarrhœa continued for ten days.

After the onset of the diarrhœa he had no more rigors, and for 27 days or until the third of May his condition steadily improved. His temperature ranged from 99° to 100°, occasionally rising to 100½°. His pulse fell from 140 to 112, and one day 92. The vomiting was less, though it never entirely ceased. Bowels became quite natural, one or two well-formed stools each day, the abdominal pain disappeared entirely; he took considerable nourishment, and was looking and feeling much better.

On the 3rd May when I saw him he was not so well. His temperature was 101.5°, pulse 130, and he complained of severe pain in his stomach, and the nourishment taken that morning had been immediately returned. From the 3rd until the 15th May, when he died, he was unable to retain any nourishment of any kind, and became rapidly emaciated. His bowels remained quite regular; no albumen was found in his urine at any time during his illness. On the 13th May I noticed for the first time dullness on percussion in the right loin, which extended round across the abdomen to within 6 in. of the *linea alba*; above, it was continuous with liver dullness, and below with the dullness in the right iliac fossa. There was no bulging nor any sense of fluctuation. Hepatic dullness

extended from the lower margin of the 7th rib to 2 in. below the margin of the ribs in the line of the right nipple. Percussion showed the spleen somewhat enlarged, though I could not feel it on palpation. Heart and lungs healthy. Pulse 130, temperature 103.5°. The next day, Dr. Fenwick being present, I introduced the needle of a hypodermic syringe into the right loin, and drew off clear serum. I then introduced an aspirator needle, and drew off three half-pints of the same. His temperature was then 104°, pulse 144. Immediately after the operation for the severe pain in the epigastric region I gave him a hypodermic injection of M xxx. of Battley's sedative solution. He died the following morning, seemingly from inanition. At the autopsy performed by Dr. Osler, an abscess was found behind the cæcum which communicated with the cæcum by a small round opening. No concretions were found in the abscess. The cæcum and ascending colon were healthy. Considerable serum was found in the cavity of the peritoneum.

*Treatment.*—For the lead poisoning, which seemed to be the principal trouble when I first saw him, I ordered potass. iodid., grs x. four times daily, and morphia to relieve the colic. Ten days afterwards the symptoms of lead poisoning had completely disappeared. When the symptoms of septicæmia came on I placed him on a mixture containing bark and ammonia, to which was afterwards added at Dr. Fenwick's suggestion dilute nitro-muriatic acid; also gave him each day in a single dose quinia bisulph., grs. x. to grs. xx. in powder, trying to give it a couple of hours before a chill, which, however, was not easy to do on account of their irregularity. For the persistent retching and vomiting he had bismuth trisnit, morphia, soda, oxillate of cerium, malto pepsyn, etc., and mustard applied over the epigastrium, but nothing seemed to relieve it. At Dr. Howard's suggestion he took dialysed iron for some time.

Nourishment was given in varied forms, milk and limewater, beef tea, egg-nog, raw eggs beat up in coffee, raw oysters, raw beef, &c. For some time I gave him enemata of dessicated bullock's blood with I thought some benefit.

I believe the case to have been one of inflammation of the cellular tissue behind the cæcum and of that part of the peritoneum immediately surrounding it, suppuration and the formation of an abscess taking place in the cellular tissue which ruptured into the cæcum; the chills to have been due to blood poisoning. It seems