of less magnitude occurred, and on the morning of the 31st a third slight hemorrhage. Temperature in the morning 99⅘, pulse 78, respirations 20. At 10.30 o'clock that evening his temperature was 98⅓, respirations 20 and pulse 78. He was feeling first-class at the time and was quite jubilant at the prospect of an early recovery. He went to sleep at 11 o'clock, but became restless at twelve, and tossed about until 2.30 in the morning, when he was seized with a severe pain in the region of the bladder. At this time his temperature was 99, respirations 20, and his pulse 76. The pain grew rapidly worse, and I was telephoned for, but as I was out in the country, Dr. Williams was obtained and ordered ⅛ gr. morph. sulph. and $\frac{1}{300}$ gr. atrop. sulph., to be repeated in an hour if necessary. After the second hypodermic the pain was relieved.

"At 9.30 in the morning I saw him, and found quite a changed countenance from the preceding night. Temperature 104, respirations 26 and pulse 110. He had a very anxious expression, but said he felt pretty comfortable. There was not the slightest symptom at the time of collapse. At 12.30 o'clock Drs. Parke, Tait and Williams saw him with me, but no agreement could be arrived at as to whether or not perforation existed. Shortly after this I telephoned Dr. Bruce to come up on the 2 o'clock train."

I may say here that in telephoning Dr. Rogers told me that he suspected a typhoid perforation.

I will give my notes as to his condition when I saw him at 6.30 in the evening of November 1st. Temperature 103½, pulse 126 and respirations 22. The abdomen was hard all over and tender. There was no distension, but, on the contrary, he was quite flat. The liver dulness was somewhat lessened, but had not disappeared. His facial expression was anxious and what one sees so commonly in peritonitis. A diagnosis of typhoid perforation was made and the patient prepared for operation.

Shortly after 9 o'clock he was brought into the operating room and was given chloroform by Dr. Tait. Dr. Rogers assisted me, and Drs. Williams, Parke and McWilliams were also present. The usual median incision was made, and the perforation was found very easily about ten inches from the cæcum. It was very small, being only the size of the lead in a lead pencil. Some lymph surrounded the perforation. There was marked general peritonitis, and about a pint of sero-purulent fluid in the peritoneal cavity.

A very interesting feature in connection with the appearance of the ileum was the fact that pieces of lymph, about the size of a half dollar, were present on the surface of the bowel, at intervals of three inches, extending over the lower three or four