

the slightest pressure; and tympanitic resonance on percussion. The most marked symptom is a continuous pain in the region of the umbilicus, and extending from thence over the whole abdomen. It is of a most excruciating character, and causes the patient to shout out in the agony. He lies on his side with the knees drawn up, and cannot move on his back without greatly increasing the pain. He is ordered to bed immediately, turpentine stupes to be applied to the abdomen, and liq. opii. sedat. (25 M. doses) to be given every two hours until the pain is relieved.

*Sunday morning, Aug. 9th.*—Patient has remained in a somewhat similar condition to that above described.

The bowels have moved twice since he came in, the passages being of a dark colour, and very offensive odour. During Friday night the pain was slightly relieved, but continued to increase in severity during Saturday night until this morning. The abdomen is more distended and the breathing more hurried. Any effort at deep respiration causes the patient increased agony.

*Sunday evening.*—Patient has been sinking during the day; pulse becoming more rapid and weaker until five o'clock this evening, when he died.

A *post-mortem* examination made twenty-two hours after death revealed the following condition:

On opening the abdomen the peritoneum was found exceedingly congested, and the serous surface covered with lymph, of a broken down, almost purulent character. The cavity was found filled with fluid of a dirty greenish appearance. The omentum was so agglutinated to the intestines that it was impossible to separate them. The stomach and intestines were very much distended with gas. The mucous membrane of the stomach was soft and of a dark colour; that of the intestines was also soft, and exhibited traces of intense inflammation.

The most careful examination was made to discover any rupture or strangulation, but without success.

The kidneys were normal, as was also the liver.

The viscera of the thorax were not examined.

It is to be regretted that the history previous to his coming into the Hospital could not have been more accurately obtained. No cause could be found for the peritonitis. The only conclusion one

can arrive at, is that it was brought about by the previously existing enteritis.

No. 2. James Howlett, æt. 22, carpenter; admitted Aug. 28th, 1874. The patient had been complaining for about two days before admission, of slight griping pains, accompanied by diarrhœa. He did not receive any injury, and could give no other reason for their coming on, except that he had been eating some vegetables and drinking more beer than usual. On the evening of admission, (this evening,) he applied for advice to a medical man, who sent him at once to the Hospital. He is at present very weak, so much so that he had to be assisted up-stairs. He suffers from very severe abdominal pain, which seems to commence at the umbilicus and radiate over the whole abdomen. His tongue is coated; he has a very rapid weak pulse, about 130 beats to the minute. His breathing is laboured, it being difficult for him to take a deep inspiration. His bowels are constipated.

He was at once put to bed, and warm fomentation with turpentine stupes were applied to the abdomen. Opium was given him in the form of liq. opii. sedativus, together with whiskey and ammonia.

*Sunday morning, Aug. 29th.*—The pain in the abdomen has increased in severity. The patient lies on his side with the legs drawn up. Pulse increased in frequency. The surface of the body is covered with a cold perspiration.

*Sunday Evening.* The patient has been gradually getting worse. This evening his bladder became exceedingly irritable, producing a constant desire to micturate. The catheter was passed, removing a small quantity of urine.

He has also been seized with excessive vomiting. The matter ejected is decidedly stercoraceous, consisting principally of fluid of a dark colour. His bowels not having moved since his sickness commenced, a simple enema was given, which, however, brought nothing away. The abdomen is very much distended with flatus, and excessively tender to the touch. The pulse ranges from 140 to 160 per minute. The opium treatment has been persisted in.

*Monday, Aug. 30th.*—This morning patient was much worse. Vomiting continued at intervals. The pulse was weaker, in fact scarcely perceptible; and the pain was of a more severe character. The