

the evening of April 6th, when they were discontinued, the pain having to a large extent ceased; morphia had been used when necessary to relieve pain. On April 2nd there was some diarrhoea; on the 4th the catheter was used twice. Later in the day the urine passed naturally. Enemata were given every day or two till the 18th, when the bowels moved naturally. During the next three days he had diarrhoea.

When discharged from hospital, May 10th, the patient was much improved. Over the region where the pain and tenderness existed, there was still slight dullness and some considerable amount of thickening could be felt. No tenderness even on deep pressure. The patient's bowels were regular, tongue clean, appetite good, every prospect of a good uninterrupted recovery.

Case 2.—J. G., æt. 23, has always enjoyed good health, except that he has had the usual diseases of childhood, and typhoid fever, from which he made a good recovery. Family history good.

On Tuesday evening, April 29th, the patient felt a slight pain in the abdomen, which gradually increased, and became very severe about 11 p.m.; in spite of some slight relief obtained by taking brandy, he put in a sleepless night. The next afternoon a physician was called in. The pain and tenderness were found to be limited to the right iliac fossa.

On Tuesday, May 1st, when he entered the hospital, the abdomen was tympanitic; tenderness not general, but limited to the right iliac region, where there was a distinct hardness, with dullness on percussion; a tympanitic note was associated with the dullness; temperature, 103.2°; pulse, 138; respiration, 30. The bowels, which had been constipated, moved slightly on the day of his admission. Since then he has been troubled with diarrhoea and involuntary movements. The stools were pale and thin. The tongue was furred, with red and angry looking edges and tip. The appetite was poor, and there was some vomiting on the day of his admission. Over the whole body there was considerable jaundice, especially well marked in the sclerotic. He had incontinence of urine, necessitating the use of the catheter several times. The urine, as it dribbled away, stained the skin and bed-linen a deep yellow.

On Saturday, May 3rd, the pain was easier;

on percussion there was a distinct amphoric note over the hardness in the iliac region. On Sunday morning, May 4th, he had a chill, and at noon his temperature reached 103.3°. There was still dullness on percussion over the same area as before. As his general condition seemed worse an operation was decided on. The patient was anaesthetized, the abdomen washed off with hyd. bichlor. (1 in 2,000), and an incision made, about six inches in length, the centre of which was on a level with the ant. sup. iliac spine, extending obliquely downward and inward. The skin and fascia were divided, the fibres of the abdominal muscles separated, the hand passed backward behind the peritoneum, when with the aid of a hypodermic syringe, a pocket of pus was revealed; this was opened and about two ounces of pus of a distinctly faecal odor removed therefrom. A drainage-tube was put in, and the wound dressed antiseptically, the dressing being changed as often as it was found necessary. The discharge retained the faecal odor till Tuesday, when it gradually disappeared.

The patient died on May 12th, 1890. No autopsy was allowed; enteritis was the probable cause of death.

Clinical Notes.

SARCOMA OF KIDNEY—DEATH— AUTOPSY.

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A son of Mr. P., æt. 3½ years, about nine or ten weeks ago, showed signs of failing health, weakness, loss of appetite, anæmia, fretfulness, etc. Slight fulness appeared just above the left lumbar region, posteriorly, which soon showed in front, about the region of the spleen and stomach. Bowels were regular; appetite gradually declined. No fever; no hæmaturia. About two weeks before death occurred, examination showed lungs and liver normal; emaciation; enlargement of abdominal veins. Large tumor over the region of the spleen and stomach, with slight bulging over the upper part of the left lumbar region, posteriorly. The tumor was smooth and dull on percussion. Aspiration yielded negative results, supporting and palliative