

alysis was normal. Temperature 104 F., pulse 132. Careful enquiry revealed no history of tubercular or malignant trouble on either his father's or mother's side.

PHYSICAL EXAMINATION.

HEART—Normal.

LUNGS—Normal.

ABDOMEN—Great pain at point in midline just above the umbilicus. Mass present at this point. General abdominal distention.

CLINICAL EXAMINATION.

URINE—

Amount in 24 hours, 44 ozs. Color, pale straw. Odor, none. Sediment, none. Reaction, acid. Sp. Gr., 1016. Albumin, none. Sugar, none.

Microscopical Examination—

Fus, none. Blood, none. Crystals, none.

Tube Casts—

Epithelial, none. Blood, none. Granular, none. Hyaline, none.

BLOOD.

Hemoglobin—Dare (96%). Temperature, 104. Pulse, 132.

Blood Pressure—Systolic, 118 (Normal 100-120 mm.) Diastolic, 86 (Normal

75-95 mm.)

Red Cells—No. 4,600,000 per cu. mm. (Normal, Men 5,000,000, Women 4,500,000.)

White Cells—No. 7,600 per cu. mm. (Normal 7,500.)

Differential Count of 620 Leucocytes—

Small Lymphocytes, 23% (Normal 22-25). Large Lymphocytes, 2% (Normal 3-6).

Large Mononuclear Leucocytes, 1% (Normal 1-2). Transitional Forms, 2% (Normal 1-2).

Poly morphonuclear Neutrophils, 74% (Normal 70-72). Eosinophiles, 2% (Normal 2-4).

GASTRIC ANALYSIS—

Gastric Extract. Meal given, toast and tea. Quantity Removed, 4 ozs.

Food Remnants, none. Blood, none. Tissue Bits, none.

Chemical Examination—

Reaction, acid. Total Acidity, 62. Free H.C.L. present. Combined

H.C.L. Total H.C.L. Lactic Acid, absent. Altered Blood,

none. Bile, none.

Microscopical Examination—

Micro-Organisms. B. Opples Boas, none. Yeasts, none. Sarcines, none.

X-RAY (FLUOROSCOPIC EXAMINATION).

HEART—Normal.

LUNGS—Normal.

STOMACH—Position, normal. Visible Peristalsis, present. Filling Defects, none. Incisura, none. Hypersecretion, not visible. Mobility (a)

Stomach, normal; (b) Pylorus, free; (c) Duodenum, free. Tender Point, in middle just above umbilicus. Residue after six hours, none. Empty in 6 hours.

SMALL INTESTINE—

Duodenum, empty in 12 hours. Ileum, empty in 20 hours.

LARGE INTESTINE—

Colon, empty in 36 hours.

COLON—Fluoroscopic Examination by Opaque Enema, normal.

Discussion.—The condition now presented is evidently one of great acuteness, but whether an acute disease from its commencement, or an acute exacerbation on an old chronic condition, is the question.

Should it be an acute exacerbation of a chronic trouble we would immediately think of an echinococcus cyst, pancreatic or retroperitoneal, simple proliferative peritonitis, cyst tumor of the mesentery, and although the age of the patient would speak against it, yet we could not help but consider carcinoma, either primary or secondary.

If the condition is one acute from the onset, the diagnosis must lie between abscess and acute tuberculous peritonitis.

While echinococcus cysts constitute the most frequent variety of cystic tumors, yet this may be readily ruled out, as the tumor is evidently of a solid variety. For the same reason we may speedily dispose