part were decidedly congested, but the ileum, appendix, colon and pelvic organs appeared healthy to the hurried examination that had to be made, as she was bearing the anæsthetic badly. She recovered well from the operation and was somewhat better next day, but died the day following. An autopsy was not permitted. The diagnosis is quite uncertain. There was no history of a previous attack of typhoid fever, so that the low leucocyte count and the Widal reaction were strongly suggestive although not conclusive evidence of typhoid infection. However, that does not discount the value of persistent pain as a sign of peritoneal irritation; it is important to note that in this case it was not attended by any tension of the abdominal muscles.

Even in some graver cases of perforation the symptoms are not very marked nor their development rapid, although the pain is always of sudden onset and persistent; other symptoms may appear gradually. In a lady, aged 65, seen lately, the symptoms were not severe. Moderate persistent pain began suddenly, was later followed by some distension of the abdomen and slight tension of the muscles, chiefly in the right lower quadrant. There was some tenderness in all parts of the abdomen, but somewhat more marked in the same region. The pulse and temperature had not been disturbed; the general appearance had not been altered much and there was no sweating of the face or elsewhere. An operation was done as soon as possible. The peritonitis was slight and confined to the cæcal region, yet the abdominal tenderness had been general. In the ileum was found a large slough extending through the peritoneal coat but as yet not separated. This accounted for the moderation of the symptoms and their gradual development. The sloughing area was turned inwards and the wall of the bowel stitched over it. The rest of the bowel seemed in good condition. She did very well for two days, when there was again a rather sudden accession of pain, vomiting, increased distension and prostration; this was considered to be probably due to fresh infection at the sutured surfaces. She died two days later. At the autopsy the sutured peritoneal surfaces were found united and in good condition; a short distance above this part were two fresh sloughs similar to the first one. Without these additional perforations she should have made a good recovery. It is but another illustration of one of the many pitfalls besetting the path of even the most promising cases of perforation.

I have purposely restricted my remarks to the more moderate cases in which the patient's perceptions are sufficiently clear to appreciate anything that causes discomfort and to complain of its occurrence—by far the largest class met with in this country. In them, pain is the