

F. G. FINLEY, M.D.: The case was rather a puzzling one to me; the man was pale, as if he had hæmorrhage, but we were unable to find any evidence of it. The abdominal condition, which probably caused the death, the hæmorrhage from the spleen, really gave no symptoms of trouble there.

F. R. ENGLAND, M.D.: I think the gross injuries received were quite enough to account for death; the severe shock and the breaking of so many bones would suffice, to my mind, to explain the fatal ending.

With regard to the case of the fatal perforating ulcer, one feature of interest, it seems to me, is the rapidity with which it proved fatal, within 30 hours. We are all familiar with gastric and duodenal perforations in which patients come to us with a general peritonitis 24, 48, 60, and even 70 hours after, and on many of them, even in these late stages of this condition, we operate and have recoveries. What struck me was, that although this man had had no evidence of perforation for five or six hours, presumably after his meal, that he had had large doses of Epsom salts, or some other saline, given repeatedly in the belief that he had intestinal obstruction, and taking that fact in connexion with the fact I have mentioned that many cases recover from operation after much longer periods, one cannot help thinking that this may have had something to do in bringing about such a rapidly fatal result. In recent military campaigns it has been noted that men have recovered even after being shot through the stomach and intestines, and this is accounted for by the fact that these men on the march have been in a comparatively fasting condition, and that these wounds had temporarily closed before anything was put into the viscera to escape into the peritoneal cavity. This impresses me all the more because a very near relative of mine died under similar circumstances, within less than 20 hours. The symptoms were sudden and acute and very active treatment was adopted, the administration of violent cathartics, even croton oil, and persistent enemata. In my personal experience of these cases, I do not know that I have ever had occasion to see perforations end so rapidly as in that case and the one Dr. Hutchison has reported to-night. In both these rapidly fatal cases a great deal had been given by the mouth, in the nature of purgatives.

DR HUTCHISON: In the case of shock, I quite agree with Dr. England, that with a myocarditis and endocarditis, and such very severe injuries there must have been severe shock, and all this was ample cause for death, apart from the question of cerebral hæmorrhage or rupture of spleen. One would also expect definite local paralysing conditions from hæmorrhage of the middle meningeal artery.