

seen him three days previously. He was a healthy lad of 17 years of age. I learned on inquiry that he always had perfectly good health, with the exception of some three or four attacks of so-called *colic* which had occurred within the past two or three years. These attacks, as described, were all very similar, and consisted of a somewhat sudden pain in the lower part of the abdomen and towards the *left* side, not very severe, and always soon relieved by a hot application and a mild anodyne; there was usually vomiting a few times. The following day a dose of castor oil was given, and then he appeared quite well again. He was never away from his work for more than two days from any of these attacks. In the intervals he suffered no digestive disturbance of any kind, the *æ*cal evacuations being quite regular and normal. Early on the morning of the 1st he awoke with violent pain across the belly, chiefly the middle zone, and towards the *left* iliac fossa. Vomiting soon occurred, and was several times repeated during the day. The attack was looked upon as the same as he had previously suffered from, and was treated in the same way. He was seen by Dr. B., who recognized peritonitis, and prescribed opium in moderate doses and poultices. The inflammation progressed, and when seen by us four days later his condition was as follows: Face of characteristic abdominal expression, but not specially anxious-looking; color good; complains of a good deal of pain in the lower part of the belly and to the left side; no pain upon the right side; flatulence is annoying and increases the pain; the abdomen is moderately distended, chiefly in its lower half; parietes very firm and resisting; tenderness, not exquisite, but well-marked, mostly in the hypogastric, umbilical and left iliac regions; pressure is better borne in the right iliac fossa than in almost any other part, and palpation of that region fails to detect any deep-seated fulness or resistance; vomiting is quite frequent, the *ejecta* being bile-stained fluids, sour-smelling, but without any bad odor; the bowels had been moved by enema the evening previous; pulse is frequent, 120, and weak, but of fair volume; temperature 98°F. (the temperature the day before had been 101°F.) The diagnosis lay between an acute obstruction and an acute peri-