

but on seeing her the same day—January 9th, the sixth day of illness—I noticed her legs extended again. She said the pain had left her suddenly, but she now complained of a different pain—the pain of a full bladder and inability to empty it. Her pulse also had fallen to 118 and gained in volume. As the bladder was distended nearly to the umbilicus, I passed a catheter and drew off about ten ounces of turbid urine, followed by a little over an ounce of pus. After this she was quite comfortable. The catheter was required again, twice the next day. In the morning some pus, but in the evening a clear amber colored urine without deposit; the flatus also escaped freely. The further convalescence was uninterrupted and satisfactory.

That the pus which escaped from the bladder was the cause of all the trouble there can be no doubt. The only questionable point is, where did it come from? From an appendicitis which became adherent to, and ruptured into the bladder; or from the kidney itself? The latter seems improbable as there was never any pain or tenderness in the back, nor anything to point to the urinary system until the pus found its way into the bladder. Moreover the physical signs all pointed to the trouble being situated in the iliac region—not the lumbar.

The happy termination of the case is a matter for congratulation, occurring as it did so close on the time arranged for operation—which would have been a much more serious affair.

TUBERCULAR PERITONITIS.

S. S., aged 5½ years, female. Complaining since the middle of March, 1901. One day well and out playing, but next wanting to be nursed, and saying that she had a pain in her stomach. Some slight cough. For a few days at beginning of April was spitting phlegm, mixed with blood, but seemed to get it down from behind the nose. Perspires each night. No appetite. No diarrhoea, bowels moving naturally once a day—of normal colour and consistence.

Family History.—The second child of a family of four, all girls. The others healthy, save one, who died an infant of tubercular meningitis. One grandfather and an uncle died of tubercular disease. Mother and an aunt delicate, although no definite disease at present.

Alimentary System.—Front incisors (upper) completely decayed. Tongue clean. No vomiting, but small appetite. Complaints of