

amounting to pain in the abdomen; the pain not severe, nor as much thought of as the constipation and sense of distension. She was thirsty; the tongue rather thickly coated with a dirty yellow-white fur; moist, and not red at edges or tip. There was occasional vomiting, but she did not say much of it; and the emesis was not frequent. The first touch of the abdominal parieties appeared to give pain, but steady firm pressure was well borne. Decubitus natural; knees not drawn up. No distress of countenance, beyond slight anxiety; pulse soft, about 76. A powder, composed of gr. v. Hydrarg. Submur., and gr. xx. Sodæ Sesquicarb. was ordered, to be followed every four hours by a Seidlitz powder, until bowels act.

15th. The powder was retained, but the Seidlitz draughts rejected. No change in the constitutional or local symptoms. Pulse soft, and otherwise normal; wishes more drink; constipation persists; catamenia appearing. To have gr. x. Ext. Colocyntha Co., and gr. v. Hydrarg. Submur. in pill, and a large enema of gruel and castor-oil; Sinapisms to epigastrium at intervals of a few hours.

16th. By omission, the pills were not given until seven last evening; and the bowels have not responded. This morning, signs of collapse appeared, and emesis became frequent; the ejecta consisting of thickropy, bilious-looking matters. At noon the collapse was marked. Face and extremities livid, general surface cold, sunken eyes, pinched features, great restlessness, weakness of voice, pulse small, scarcely perceptible at wrists, tongue cooler than natural, thirst urgent, appearance strikingly like Cholera, abdomen rather tympanitic. Having introduced the long tube about 9 inches it bent upon itself, and, being rather flexible, I could not pass it farther; an enema of warm water and oil returned immediately, unsoiled. A blister to the abdomen, a teaspoonful of wine every quarter of an hour, with small doses of opium and calomel every hour. The enema was repeated, with the previous result, at 2½ P. M., but the collapse steadily increased, then delirium set in, and death occurred at 3½ P. M.

Sectio cadaveri 22 hours after death. About two pints of yellow sero-purulent fluid in general peritoneal cavity; small intestines, and parietal peritoneum attached at many points by recent soft flakes of lymph; the intestinal sulci filled with lymph and pus, and their coils adherent; the serous membrane rather more vascular than natural; no strangulation, invagination, or twisting of the intestines. Ascending and transverse colon contains an abundance of healthy, soft feces; lower end of ilium of a dark green color, and adherent to situation of the appendix cæci; serous coat of this portion of small intestine and of the