

of the abdominal muscles he says greatly increase the pain, his frame of body is weak, delicate and small, complexion dark, sallow, countenance haggard. Pulse 120, tongue red.

Diagnosis lay between cæcitis and suppuration between the layers of muscles covering the cæcum, either the internal and external oblique or transversalis, or in the sheath of the rectus.

He was ordered to be leeches again, and fomented constantly with hops as hot as could possibly be borne.

Hyd. C. Cret; gr. iii. Pulv. opii. gr. $\frac{1}{2}$ every 6 hours, with a very light and nutritious diet.

On the 10th the pain had somewhat subsided, bowels open, 12 leeches more were applied, continue the powders.

12th—Fullness is more perceptible, with gurgling on pressure, near the external border of the Rectus muscle; pain still present, but not so acute, slight fluctuation, bowels daily open, tongue clean, but abnormally red, pulse 100, omit Pulv. Cataplasma Lini applic.

14th—Since last report, evidence of an abscess in the abdominal parietes more distinct, gurgling with fluctuation, great pain on pressure in one point about 3 inches above the external abdominal ring, which is soft and pits,—decided not to make any opening until the character of the swelling was still more apparent.

16th—Fullness has considerably increased, fluctuation is most distinct for the last two nights, the pain has been most acute.

It was determined to open; an exploring needle was cautiously passed into its softest and most depending point, when some dark green fluid, with extremely fetid gas escaped, a proper opening was then made by slitting up every layer of fascia. &c.; as is done in the operation for hernia—immediately about 2 oz. of abominably fetid matter was discharged, &c., on a careful examination with the probe it was ascertained that no communication with the intestine existed,—a tent was inserted into the opening, and a poultice reapplied.

19th—A good discharge of the same fetid character has flowed since the opening, the fluid, however, is becoming more purulent, last night he perspired a great deal, P. 100, R. open. ℞. Quinine \mathcal{D} ii. Acid Sulph. dil. \mathfrak{z} $\frac{1}{2}$ Sulph. Ferri \mathfrak{z} ii. Tinct. Quassia \mathfrak{z} i.; Infus. Quassia \mathfrak{z} xiv. $\frac{1}{2}$ \mathfrak{z} i. ter in die. Porter, and the most nutritious diet.

On the 2nd August, 2 sloughs evidently the walls of the cyst came away, after which in a few days all discharge ceased, and finally in about a month he was perfectly convalescent.

This case to me was a very interesting one. It may be safely said that collections of matter in the abdominal parietes rarely form *per se*.