ninth costal cartilage on the right side and the umbilicus. Temperature 97° F.; pulse 70, full and strong.

"A reddened skin over the margin of the liver in the right hypochondriac region and extending horizontally across the abdomen marked the location of the blow in front, while a corresponding bruise posteriorly, but to the left and extending outward in that direction, located the blow behind.

"The evidences of shock had been much greater two hours before, but at the time of seeing him there were no symptoms of hæmorrhage. A hypodermic of morphia was given, and the patient made in every way as comfortable as possible.

"June 3rd.—There was marked soreness and tenderness over the abdomen, greatest in the right hypochondriac region; temperature 99°; pulse 74; urine had been voided and was normal in appearance.

"June. 4.—Temperature 101°; pulse 78. Considerable tympanites, and pain all over the abdomen due to over-distention. The bowels were washed out by enemata, turpentine stupes applied and repeated and ten drop doses of spirits of turpentine prescribed; after second dose there were free evacuations, and with them much flatus was expelled.

"June 5.—The patient was feeling much better, free from pain; temperature 99.8°; pulse 76; tympanites moderate; the urine natural in quantity and frequency.

"June 6.—The patient was much improved; tympanites gone; temperature 99°; pulse 76; bowels moving naturally; urine normal and patient expressing a desire to leave his bed.

"As he lived a long distance from my residence I ceased calling on him. Still with misgivings that there might be some internal injury I instructed his friends to keep me informed as to his condition. All reports were favourable until the night of June 12th, when I was called to see him and found him suffering from severe epigastric pain, and his abdomen was distended with ascitic fluid, which showed on using the hypodermic needle to be composed of bile and serum.

"June 13.—I used the aspirator this morning and removed six quarts of yellowish-green fluid from the abdomen, and the diagnosis was accordingly made of rupture of the gall bladder. The patient's skin was at this time showing a very slight icteric