had no retarding influence on the convalescence. Three points have been conspicuous in my cases:—

1. That in all of them the operation had been too long delayed. In all of them, on opening the abdomen, gas and faecal matter escaped and it was quite evident that a very considerable portion of the peritoneal cavity was already infected.

2. That notwithstanding the poor reparative power of the patient the closure of the perforation in the intestine healed readily, and shortly. At the autopsies performed on these patients, the portion of intestine involved was distended with water and air, and in every instance proved tight, and no leakage was possible.

3. The great lack of reparative power was manifest in the failure of union in the abdominal incision. In the man who lived forty-five days no union occurred, and when the stitches were removed the edges of the incision fell apart. About the twenty-first day after operation, the edges were scraped and brought together by sutures, but again union failed to occur. In the case of the man in whom no perforation was found, the union of the edges of the incision was very imperfect, although not a drop of pus formed. The man left the hospital with a ventral hernia and was directed to return in six months and have the edges again united.

The result of perforation is sometimes a localized abscess, similar to the localized abscess which sometimes follows a perforative appendicitis. My last case was of that character. The man was admitted to the Montreal General Hospital under the care of Dr. Finley. He had been treated in the country for typhoid, and during the course of the fever developed pain, tenderness, and, later, a tumour mass of very indistinct outline in the umbilical region. His condition was a very puzzling one, and it was thought at one time that it might possibly be tuberculous. About a week after his admission to the hospital he developed symptoms of intestinal obstruction, distress, pain and faecal vomiting. I opened the abdomen in the median line below the umbilicus, to relieve the obstruction. Upon opening the abdomen a large quantity of pus escaped, twenty ounces or more. It seemed to lie in a walled-off space in front of the intestines, which were pushed backward and upward. The space was irrigated and drainage provided. During his convalescence he passed some faeces and gas through the drainage tube, at different times. His blood gave the typical typhoid reaction. He has quite recovered and has gone home. He told us that his wife and daughter had enteric fever at the time that he was taken ill. I think there can be little doubt that this was a case of typhoid perforation, followed by localized abscess.

Liver and Gall-Bladder.—Typhoid affections of the liver and gall-bladder are extremely interesting and far-reaching, but the time limit set by the committee prevent me entering upon their discussion.