

operated upon for, and after about 24—36 hours of these symptoms, he left by train to come to Montreal and died on the train before its arrival in Montreal.

These later facts concerning his last illness were obtained for me by Dr. J. A. MacDonald, from the patient's wife. Unfortunately at this late date, we are unable to secure any fuller details.

*Case III.*—E.W.L. aet. 42, school-teacher, was admitted to the Royal Victoria Hospital at 9 p.m. Wed., Nov. 27, 1907, with the following history:—

For years the patient has been troubled with irregular attacks of severe constipation coming on at intervals of 2 or 3 months or less frequently. He has always had to pay strict attention to his bowels and frequently used purgatives. About 2 years ago, he had a severe attack of constipation lasting for 4 or 5 days, accompanied by pain in the lower half of the abdomen. The pain was not very severe and the constipation was relieved by the use of castor oil, after having been 4 or 5 days without a movement of the bowels. Since then he has never been laid up a day until the present attack, although he has had from time to time other attacks of constipation lasting 2 or 3 days. Since last Thursday morning, (Nov. 21st),—6½ days—his bowels have not moved, and on Friday morning he commenced taking purgatives which proved ineffectual. He passed some flatus on Saturday. He felt out of sorts but continued teaching his class until Monday, when he first consulted a physician. On Tuesday morning about 9.30, he was seized with very severe gripping pain in the lower half of the abdomen, and this has increased in severity since, and has become general throughout the abdomen. On Saturday, he complained of being "puffed up," and his wife in applying hot poultices to the abdomen, noticed this distension increasing—but on Tuesday it increased rapidly, and on admission the abdomen was markedly distended. On Tuesday afternoon, he found that he could not take a long breath, and on admission there was marked dyspnoea. He felt nauseated on Monday, and this continued until admission at 9 p.m. Wednesday, November 27th, and he vomited two or three times on Tuesday and once after admission.

Personal and Family History not important.

The patient was moribund on arrival at the Hospital, the pulse could hardly be felt at the wrist, the heart sounds were feeble, he was livid, temperature subnormal, breathing very rapid and shallow, but he was mentally quite clear. He complained of pain in the abdomen, more particularly in the lower half. There was a slight amount of albumen in the urine. There was great distension of the abdomen, showing ex-