

in the usual way—considerable difficulty being found in case of the laceration, as there was none too much tissue. In the meantime the patient's condition had become very bad.

Strychnia and brandy had very slight effect on it, and haste was very clearly indicated. Further examination, however, showed seven more traumatic perforations of gut and mesentery within a distance of six feet.

All this and his condition made the case seem so hopeless, that the abdominal opening was closed with through and through sutures after a large drainage wick had been placed in the lower angle extending freely into the abdomen.

For the next two days the condition was:—tongue dry and glazed, pulse 160-170, temperature 100°-102°, respiration shallow and rapid, Facies Hippocratica, stercoraceous vomiting, mental state clear, much distended board-like abdomen, free faecal discharge through the wound and no motions per rectum. He was freely stimulated, given all the milk he could take and repeated large enemata. The drainage wick was removed on the second day and not reinserted. On the third day a small amount of faecal matter was passed by rectum, and daily thereafter the quantity coming away naturally increased, and that by the wound decreased. With the first stool by rectum the boy's condition improved and it did so steadily and without further set back until on February 6th the fistulous opening had closed spontaneously and completely. On February 12th the boy was up and about and it was found that he had been eating rice, bananas, fish and cakes for ten days previously. He was discharged well on February 19th.

A CASE OF CHOLECYSTITIS, VOMITING OF GALL-STONES.—RECOVERY.

BY

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The following case is reported on account of its rarity.

Patient is a Mexican woman aged 60, married, 7 children. Personal history: Has suffered from flatulent dyspepsia for 30 years. She has had numerous attacks of colic, accompanied by vomiting during this same period. These attacks never lasted long, and though severe at the time never laid her up for more than one day. The pain was always worst on the right side and was frequently referred to the right shoulder. She never was jaundiced, or noticed clay-coloured stools.

In September, 1908, she was laid up with some fever, of what nature she does not know. She was in bed for two weeks, five days of which she was delirious. She had no pain nor cough at this time.