pressure over a hard, swollen, oval mass between three and four inches in diameter. The treatment mentioned in the first case followed with very little variation. For the first three days the temperature varied in the morning from 101.3°–103.8°, and the pulse from 100 to 116. There was painful micturition and occasional nausea. After the third day the swelling became less resistant, with a diminution of the pain and tenderness. These symptoms gradually became less and less pronounced, the tongue became less coated, and on the fifteenth day almost every indication of the caecal swelling and attendant symptoms had disappeared. At the end of three weeks the ordinary diet was allowed and the faeces had become natural.

CASE III. J. M. had been complaining of a moderate amount of pain in the right iliac region for a week before April 30th, when I was called. He had been attended by a physician who was obliged to leave town.

When I saw him he was perspiring profusely; pulse 128, temperature 103.5. His facial expression denoted great agony. Decubitus dorsal. Abdomen was swollen and very tympanitic and tender. There was marked tenderness on pressure over the region of the caecum, in which a hard, globular mass about the size of a medium-sized orange could be detected. Although there was a moderate amount of pain over the tympanitic abdomen, it was slight when compared with the pain at the iliac region. I feared a perforation, and advised an operation, which was positively refused. Although my prognosis was very discouraging, I determined to persevere, and to give the patient the benefit of the doubt. Digitalis, minims ten, and carbonate of ammonia, grains five, were administered with brandy, one ounce, every two hours. A subcutaneous injection of sulph. morph., $\frac{1}{4}$ of a grain, was given and repeated. An enema of spirits of turpentine and sweet oil partially relieved the tympanitis. There was no vomiting, although nausea had persisted for several days; thin poultices were applied to the abdomen.

May 1st. There was very slight improvement in the patient's condition. The enema of turpentine and oil was repeated with some relief. The treatment of the preceding day was repeated.

May 2nd. The pulse was stronger, more resistant, and had fallen to 108. Temperature 102°. The tympanitis had greatly diminished, the nausea was less, there had been two loose discharges of faeces from the bowels. The caecal tumor appeared to be about one-quarter less in size than on April 28th, and somewhat less tender. The patient could move his legs and straighten them with less discomfort than on the previous day.

After May 4th the patient progressed appreciably every day. The caecal swelling became less tense, and the pain and tenderness gradually diminished. Micturition, which had been painful since April 27th, became easier.

On May 7th pulse was 90. Temperature 99.5°. The swelling had diminished at its densest portion at least one-half, the pain and tenderness were slight in comparison with his previous suffering.

On the 14th May the swelling had almost completely disappeared. The pain and tenderness were not noticeable. All of the symptoms denoted

rapid convalescence. There had been one slight semi-solid discharge from the bowels. The tongue was cleansing. Decubitus was on either side at will. The legs were not flexed. Temperature 99°, pulse 82.

May 28th the swelling had wholly disappeared, the pulse was 80; temperature normal; tongue was moist and clean; the appetite had returned; and there had been for the past five days normal fecal discharges. There was no tenderness of any part of the bowels.

On May 30th I considered the patient practically well.

A CASE OF APPENDICITIS: WITH AUTOPSY.

BY WILLIAM INGALLS, M.D.

JANUARY, 1886. A had eleven or twelve years old was seen by me for the first time on the 20th of January, 1886. He was lying on a couch on his back, his knees not drawn up, thin of body and limbs, countenance not particularly anxious, nor was there expression of suffering; pulse 108; temperature 102°. Had had no alvine defection for two days; when he had pain it was in the right iliac region, upon examining which there was found to be a prominence or swelling rising upon the surface of the abdomen half an inch high, oblong two inches, as though an egg were beneath the integuments. He could bear gentle palpation over the whole abdomen, but there was sensitiveness and flinching when it was practised over the swelling. No disturbance as to urination in answer to inquiry.

January 21. By small and repeated doses of opium the past twenty-four hours were passed in tolerable quiet and freedom from pain. Pulse 108; temperature 103°. He had had a fecal defection in the night. The swelling had disappeared; the surface of the abdomen was normal to sight, not very sensitive to touch.

January 22. Patient was found in a state of collapse, which occurred in the night, suddenly. Pulse of great rapidity, temperature not taken. Through the spot where the swelling was, the longer needle of the hypodermic syringe was thrust perpendicularly, and pressure after it caused it to enter its full length; that and two other punctures near by gave negative result.

Dr. C. D. Homans in consultation. We considered the question of opening the abdomen; the collapse, the high pulse, the low temperature, seemed to forbid the attempt, besides which, from all we could learn, the disease began fifteen days previous to the consultation. Soon vomiting began, which nothing seemed to check.

AUTOPSY.

Autopsy, January 24, by Dr. John Homans, 2nd, 10 hours after death:—

Rigor mortis well marked. The abdomen only was opened.

On section of the abdominal walls the peritoneum and intestines appeared generally pale in color but showed a few red spots due to injection of smaller blood-vessels. The coils of intestine were in one or two places glued together by fresh exudations.

In the ilio-caecal region intestines were darker in hue and firmly bound together by masses of fresh

lymph and recent adhesions which enclosed an abscess cavity lying entirely within the peritoneum and containing about a pint of thin, whitish, rather offensive pus. Appendix also bound down by adhesions, and upon it near its base were two ulcers, each about the size of a little-finger nail. On section, mucous membrane slightly swollen and injected. A small concretion found which had not given rise to any inflammation in its neighborhood and consisted merely of feces.

HOSPITAL PRACTICE.

SURGICAL CASES IN THE MASSACHUSETTS GENERAL HOSPITAL.

UNDER THE CARE OF DR. H. H. A. BEACH.

Strangulated Femoral Hernia; Operation.

PATIENT fifty-nine years old. Entered with the history of a "bunch" in the groin for several years, from which she suffered no inconvenience. Five days before was seized with abdominal pain gradually increasing, the "bunch" tender. Has had vomiting for three days; incessant for past twenty-four hours. In spite of cathartics and enemata, no defecation for five days. Abdomen tympanitic. Under ether, reduction by taxis was impossible. The vicinity of the lump was made aseptic. An incision of three inches was made and a dissection down to the sac, which when opened disclosed two coils of intestine and some adherent omentum. The ring was very small and required enlargement before the intestine could be returned. The omentum was ligatured, divided, and returned with the intestine. The sac was stitched into folds by means of a single catgut suture and drawn into the ring. The wound was closed by interrupted sutures without drainage. During the night following three copious dejections. No important rise of temperature or unfavorable symptom. Complete union on the seventh day, when the dressing was moved for the first time and the stitches taken out. No impulse felt on coughing.

Tuberculosis of Sheath of Extensor Tendons of Foot; Operation.

Patient a woman of forty years. Family history good. "Always healthy and has no cough." One year ago a small swelling appeared on the dorsum of the right foot without any injury or other cause to explain it. It has increased without pain, until now it measures the size of a lemon; the surface red, moderately tender, without thrill or pulsation, and does not impede walking. A slight enlargement of the inguinal glands of both groins may be felt. An exploratory incision disclosed a mass of cheesy nodules in a matrix of translucent gelatiniform material with some small pockets containing a thin yellow fluid, all connected with the sheaths of the tendons of the extensor longus digitorum muscle. Microscopical examination showed the growth to be due to an infiltration of tubercle. The mass was excised and the remaining surface curetted. The cavity left was packed with iodoform gauze. The wound is now filled with a fine growth of granulation tissue.

Perityphlitic Abscess; Intestinal Obstruction for nine days; Operation.

The patient, a boy of fourteen years, entered with a tender lump, the size of a small orange, in the right lumbar region, a temperature of 102.4°, and a pulse of 108. Having usually been regular in his bowels and without a chill or chilly sensations, a constipation that resisted all medication began nine days before his admittance and had continued until he appeared at the hospital. He had kept about until two days before that time, though unable to stand erect during the latter part of the time. Pain has been constant, with occasional sharp paroxysms, some vomiting, and complete loss of appetite. He was etherized at once and an incision of three inches made on the outer side of the mass near the anterior superior spinous process of the ileum. The three abdominal muscles were successively divided, disclosing a fluctuating and tense swelling just beneath the peritoneum. This was punctured, giving vent to some very foul and thin pus, shreds of lymph, and gas. The opening was enlarged and washed out with a warm solution of sulpho-naphthol, and drained. From four to six ounces of pus having a fecal odor escaped. An antiseptic dressing was applied, the cavity syringed out from four to five times a day. His temperature became normal and has remained at about that point since. The wound slowly granulated, and the bowels resumed their function three days after the operation. Two small intestinal concretions escaped from the wound on the second day after the operation.

Strangulated Inguinal Hernia; two cases; Operation.

A man of forty-eight years had suffered from double, reducible inguinal hernia for twenty-five years. Since its occurrence he had worn an ineffective double truss. Entered the hospital with a history of strangulation of the right side for twenty-four hours, which had resisted all attempts at reduction. The hernia of the left side was easily reduced, but that of the right side could be partially reduced *i.e.*, into a sac existing between the internal and external abdominal rings. He was therefore etherized, and, taxis proving unavailing, the sac was laid open up to the external ring: the hernia still irreducible. Upon withdrawing the gut and omentum from its sac the internal ring was found at a considerable distance (the length of the forefinger) from the external ring, and there a very firm and tight stricture, which was divided and the whole mass easily returned to the abdominal cavity. None of the sac was removed, but it was laid together in folds and secured by catgut stitches to the internal ring, and the wound closed by sutures without drainage. His temperature has never reached 100°. Bowels moved on the ninth day after the operation. A large mass of indurated tissue seals the two rings firmly.

A second case, with a history almost identical with the foregoing, with the exception of a congenital origin for the hernia, and in a younger man, entered the hospital in the same week. The complication of a hernial sac, the mouth of which opened at the external abdominal ring, was found and treated as above.