aware that Dr. Talbot, of Chicago, who has made a special study of the subject, considers tobacco more toxic and productive of more serious degeneracy than alcohol or opium. In the present state of the law I have often availed myself, where there has been an element of lunacy in the case, of a lunacy certificate, and in this connection the profession in Bolton owes a debt of gratitude to our present courteous and open-minded chief magistrate for his willing readiness at all times, without infringing the law, to aid the profession in saving to future usefulness a fellow creature.

But, Government having moved to help the hapless, we look forward to great opportunities for good, both as regards drink and the drunkard, but there are but two sure measures for the cure of the inebriate: want of easy opportunity in his daily life to obtain drinks, and power to enforce complete abstinence once the craving is established.

EAST ANGLIAN BRANCH.

THE BRITISH MEDICAL ASSOCIATION AND ITS WORK FOR THE PROFESSION.

By E. LIVEING FENN, M.D.Edin., M.R.C.P.Lond.,

Physician to the Essex and Colchester Hospital.

GENTLEMEN,—I might perhaps have taken my seat in the President's chair with a mere formal acknowledgment of my promotion, and so have afforded you more time for the consideration of the several important subjects that are set down for discussion, if I had not been anxious to fulfil two very pleasant duties. The first is to express my profound sense of the honour you have conferred upon me by electing me as President, a post which I chiefly owe to the self-effacement of my friend, Mr. Addison, whom I know it would have been a pleasure to the members of the Branch to have seen in the chair. If I venture, with his consent and at your bidding, to assume the position to which he was so rightly nominated, it is only because I feel sure that I may rely upon the support of the Council and our Honorary Secretaries and upon the kindly forbearance of the members of the Branch. My second duty is to extend to all present, on my own behalf and that of my colleagues in the town, a hearty welcome to the ancient borough of Colchester, in whose interesting but ruined castle I have, by the kind permission of Mr. Round, the pleasure of receiving you to-day. Interesting as this ancient Norman keep undoubtedly is to the archaeologist, I do not propose treading on these debatable grounds, and I will only say in connection with this subject that in the galleries adjoining you will find a large and valuable collection of Roman antiquities, including the famous Joslin collection. Those who are not acquainted with it will find the time occupied by a visit to this collection to be well spent. In the unavoidable absence of the Curator, my friend Mr. Laver has kindly undertaken to point out the most important objects of interest to any visitors.

There is in connection with our town certainly one other point of especial interest to medical men, for in the Church of the Holy Trinity repose the remains of the celebrated Elizabethan physician, Dr. William Gilbert, who was born here in 1540; he took his degree of Doctor of Medicine at Cambridge in 1569, and settled in London as a physician in 1573; he ultimately became physician to both Queen Elizabeth and James I, but died at the age of 63 in the year 1603. He employed his leisure hours in philosophical experiments, particularly relative to the magnet, and it is said that it was a perusal of his treatise *De Magnete* which induced Galileo to turn his mind to magnetism. This work was, says the historian Hallam, the first remarkable work in physical science produced in this country, and so he is rightly regarded as the father of experimental philosophy in this island; and he was also one of the earliest Copernicans, at any rate as to the rotation of the earth. To-day it is proposed that one of the statues to be erected on the façade of our new Town Hall should be that of this celebrated physician, and that it should be placed there by the members of his profession practising in this neighbourhood—a fitting memorial to one of Colchester's most celebrated sons.

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Permit me, in the short time at my disposal, to allude to a few points of interest associated with this fast-dying century. Without staying to trace the evolution of surgery from the ancient craft of "barbers," it must always be of interest to surgeons to remember that it was in the opening year of this century that His Gracious Majesty George III, recognising that it was of great consequence to the commonweal of the kingdom that the art and science of surgery should be duly promoted, was pleased to incorporate the members of the Surgeons' Company and others by the name of the Royal College of Surgeons of London.

THE SOCIETY OF APOTHECARIES OF LONDON.

But there is a still more interesting link between the early years of this century and the mass of our general practitioners, for in the year 1815 an important Act was passed, which created a body of qualified general practitioners in England and Wales, who were entirely independent of both the Colleges; it curtailed the area of illegal practice, and secured at least a minimum qualification for the family doctor. The great mistake of the day was committed by the College of Physicians, in relegating this work to a druggists' society, instead of taking the lead itself. Previous to this Act the Apothecaries (the descendants of the "Pepperers" of the twelfth and the Grocers of the fourteenth century) had at times held a rather equivocal position; in the seventeenth century they merely supplied what the physicians prescribed, but we are told that at the time of the Great Plague in London many physicians to their eternal disgrace, fled the country, and it was then that the Apothecaries—being implored to visit the plague-stricken—left their counters, and came, for the first time, to the bedside of the sick, and, later on, the physicians endeavoured to prevent their practising, but their right to do so was established by a decision in the House of Lords in 1703, and ultimately, as I have said, a full charter was arranged for their examination and recognition in the year 1815, which continues to the present day.

THE BEGINNING AND THE END OF THE NINETEENTH CENTURY.

Though in the early years of this century physiology and chemistry were being slowly evolved by workers in France, Germany, and England, and the great gift of the stethoscope was shortly to be made to practical medicine by a French physician, yet, to all intents and purposes, it was still but an age of dim gropings after the truth. It was the age of close corporations and much pompous imbecility, of whips and chains in our lunatic asylums, and when the sick poor were too often inhumanly treated; it was the age of Burke and Hare, of Bob Sawyer and Mrs. Gamp.

THE FOUNDATION OF THE BRITISH MEDICAL ASSOCIATION.

But the dawn of brighter hopes was shortly to break, Thomas Wakley was soon to commence his beneficent, though fiery, course as a reformer; the microscope was now to be brought into daily use by the anatomist and physiologist; and a higher sense of professional dignity and responsibility was gradually to be borne into the conceptions of the medical practitioners throughout the length and breadth of the land. And it was then in July, 1832, that in the board room of the Worcester Infirmary the great Association of which we are proud to be members, and which has gradually grown into a vast organisation for scientific, social, political, and ethical purposes, first saw the light. And let me remind some of our younger members that it was in September, 1835, that an Eastern Provincial Medical and Surgical Association was formed at a meeting held at Bury St. Edmunds. The capabilities and possibilities of such a devolution of organisation throughout the English counties at once occurred to the parent Association, and the conferences which followed resulted satisfactorily two years later, when the Eastern Association became the East Anglian Branch of the British Medical Association, the first offspring and forerunner of many Branches, which now cover the face of the habitable globe; and when now we read of such Branches, not only in England, Scotland, and Ireland, but also in Manitoba and Melbourne, New Zealand and Natal, Burmah and British Guiana, we may well feel as if we had accomplished some of the poet's dream,

and in our parliament of Branches formed a federation of the world.

THE WORK OF THE BRITISH MEDICAL ASSOCIATION.

In a century full of marvels, a century full of revolutions in science and social economy, such as the world has never seen before, the work of this Association may well hold our attention for a moment.

The increased harmony of action, and loftiness in aim, in aid of the scientific advancement and social dignity of our profession, which Sir Charles Hastings had in his mind when he founded the Association, has certainly found a very considerable accomplishment. One of the earliest subjects to which it turned its attention was that of vaccination, in the latest phase of the history of which neither Parliament nor people can feel any great pride. The almost unanimous judgment of the profession in favour of the beneficent gift of Edward Jenner to a plague-stricken world is as unshaken to-day and as fully received as it was seventy years ago, but the Anglo-Saxon race, in the exuberance of personal liberty which it claims for itself, is at times too tolerant of those noisy waves of morbid sentimentality which seize upon certain sections of the community at uncertain intervals, and, as in the recent so-called Vaccination Act, lays up for itself an awful Nemesis, which unfortunately strikes most heavily the young and the innocent. Indeed, when we contemplate the present position of this question, we might well despair, if it were not for the conviction that, sooner or later, the majority of our race will assert the great heritage of common sense which it possesses, and sweep away the cobwebs of ignorance and prejudice now so widely spread, and do something perhaps even to stiffen the weak backs of our legislators at Westminster.

Other subjects which soon engaged the attention of the Association were the medical relief of the sick poor, medical benevolence to its own poorer brethren and their families, and medical reform, which was again and again advocated. It is impossible to speak too highly of the important work done by the Parliamentary Bills Committee since its inception in 1864, under the guiding influence of its late Chairman Mr. Ernest Hart, whose noble work will not be forgotten when the history of medicine in the nineteenth century comes to be written, least of all here, in the chief centre of the eastern military district, are we likely to forget the good work done by him and his colleagues for the improved status and comfort of the medical officers of the British army.

Time only admits of my reminding you of the splendid position the JOURNAL of the Association has gradually attained to, both at home and abroad, since it passed under the influence of the same remarkable man. It has, perhaps, been the greatest power at work in building up our numbers, and binding us together as a harmonious working whole. You cannot fail to see that the influence of this Association is yearly increasing; and that for the first time in the history of our profession in Great Britain has a representative body been formed out of its scattered elements, strong enough to protect its members, influence public opinion, and mould the policy of statesmen.

And, believe me, gentlemen, the time is coming when our profession will feel the full need of such a strong representative body, if it is not to be crushed between the public millstones of an ever-spreading vicarious charity, making larger and larger demands for gratuitous service, and an ever-diminishing scale of remuneration from the public bodies, who employ us and profit by our lack of unity. It is true we number in the ranks of our Association upwards of 18,000 members, but at least another 10,000 should join, and every member should join through and belong to a Branch; we must strengthen our Branches, for only so will the Central Council be able to speak with confidence and authority on behalf of the profession. Whilst not forgetting the first object we have in view—namely, the advance of scientific medicine for the public welfare—we must in the future look more and more to our Association to protect its members, maintain their rights, and forward their material interests as important units in the body politic. Without boasting, it is not unfair to say that we are becoming, if we are not already, the most broadly educated class in the community, and a proportionate responsibility rests upon us in guiding the State in all matters relating to the public health. As a body we are inclined to

be too reticent in public affairs, for the fact is our daily work is so absorbing in its interest, and demands so much of our time for reflection and investigation, that we turn with something of dislike from the noise and dust of the forum.

THE PREVENTION OF TUBERCULOSIS.

That the public, however, looks to us for guidance and lead in all matters relating to the public health is, I think, incontestable, and evidence of the truth of this is not far to seek at the present moment, when the medical profession, guided by the light of recently evolved scientific truth, is engaged in carrying a fiery cross throughout the length and breadth of the land, in its crusade against the devastating ravages of tuberculous diseases, amongst all classes of the community. It is a work so far-reaching in its operations that it behoves us to move, it is true, but we must move wisely, carrying the public intelligence with us, educating as we go ourselves as well as the public, and not being afraid to reiterate again and again the same truths until they become part of the common conscience of the community at large.

Do not let us at this moment be carried too far in our estimation of the importance of all the minutiae and detail of a Nordrach course of treatment for consumptive patients, as if we thought we should abolish consumption by taking the doors and windows out of our houses; indeed, I greatly fear that some of these methods may be exploited by charlatans, without a due sense of proportion. We must always re-ways remember that we have to treat individuals, each presenting personal problems to be carefully weighed and allowed for, and therefore let us move quietly and cautiously, buoyed up, it may be, by a hopeful enthusiasm, tempered by a spirit of scientific exactness.

The record of the past may well inspire us with confidence, for—as Sir James Crichton Browne told us in his eloquent address at Ipswich last February—whereas sixty years ago out of every 10,000 persons who died, 38 died of consumption. At the present time (largely owing to the labours of those members of our profession who have devoted themselves to the public health service) consumption can now only claim 14 out of the same number of deaths. If so much has been done by sanitary science in thirty years, “is it Utopian,” asks Sir James, “to hope that, with our increased knowledge, another thirty years might see the disease wellnigh exterminated? The disease is universal in this country; no county is exempt from its ravages, least of all our own three, as Sir Hugh Beever pointed out in his recent oration before the Hunterian Society. In the campaign, to which I have already alluded, Norfolk moved early, and the open-air treatment of consumption met with considerable success in the hands of Dr. Burton-Fanning, of Norwich; and lately the work of the crusade has, I believe, been taken up by a county association. Suffolk has made a good beginning, opening the campaign with an important meeting of the medical profession at Ipswich, when an able address upon the subject was given by Dr. Elliston. This conference was soon followed by a public meeting in the Town-hall, which was largely and influentially attended, and was presided over by the Lord-Lieutenant of the county, and it was upon this occasion that Sir James Crichton Browne delivered the address, to which I have already alluded; and I understand that as far as the treatment of phthisical patients is concerned there has already been some practical outcome to that meeting. Essex, as far as I know, has not at present moved itself corporately, but doubtless we shall follow our sister counties, and take our due share in the fray before long.

I am particularly glad to see that the medical officer of health for the county, Dr. Thresh, is going to tell us something to-day as to how this question stands with us, and how, in his opinion, we can best fight the common enemy. Where large and important branches of trade and commerce, such as the meat and milk trades, are concerned, we shall recognise the wisdom of Lord Salisbury's advice to attempt nothing at present by legislation, but to be content for a time to perfect our knowledge, to educate ourselves and our neighbours, and so gradually to arouse a sound public opinion which will insist on the adoption of all due precautions with a view first to safeguard the individual, and so gradually to stamp out the disease itself. Without pursuing the subject now into further detail, I have in my mind in saying this a thorough inspec-

tion of dairies, the universal establishment of public slaughter-houses with efficient inspectors, and, as a provisional safeguard, the sterilising of all milk used in our nurseries.

THE EDUCATION OF WOMEN.

There are few developments of this nineteenth century more remarkable than the recognition on the part of society at large of the claims of women to a higher grade of education, and to a larger share of industrial activity; and the increased necessity that exists for widening the sphere of their usefulness, and we can watch the steady growth of a tendency to abolish privilege, and to throw open to all comers many new fields of remunerative employment.

At the annual meeting of our parent Association in 1886, the President of the year, Dr. Withers Moore, thought it right to enter a "caveat" in connection with the movement for the higher education of girls, referring to the great possibility of its being carried to an injurious excess, and I believe that, after making many deductions from his strong pronouncements, continued experience still leads us to recognise the aptness and wisdom of many of his remarks. All modern writers on sociology recognise that progress is a necessity of human life, and that all progress is effected in the same way as the result of selection and rejection, and that along the upward path of progress there must always be strain and stress, the prizes falling to the best stayers in the race; and, tried by this test, the question of the higher education and professional employment of women is shaping its own inexorable answer. But, whilst admitting that the era of female individualism has set in indisputably and irreversibly, I hold that, as a body of trusted advisers in matters of health, we are bound to watch and guide the movement in its development, especially so far as the health of young girls is concerned. Let me remind you that the great strain comes upon them at the most critical period of their development, it comes at a period of their lives when their bodies and constitutional temperaments are undergoing evolutionary processes, to which the boy is a complete stranger. A lady member of our profession in a recent article, says:

Mark the evolutionary principle which determines the beautiful and wonderful evolution of the girl into a woman. At one stage outspoken, active limbed, as much boy as girl, she becomes by nature quiet, more restrained of movement, and (if she be allowed to obey the impulse, which is the impulse of her fullest development) shier, imaginative, emotional, tenderer of thought and impulse, softer of voice, more diffident of speech, touched with new reverences, moods and aspirations; she acquires gradually the mysterious, elusive, lovely charm of woman.

Recognising the meaning of all this, and the maternal potentialities to which this evolution refers, can we fail to see how great may be the danger to a healthy development involved in the treadmill of effort, intellectual and athletic, to which the lives of so many young girls are now devoted. I know the modern jargon, that all that is wanted to enable a young girl to pursue safely the highest paths of educational advancement is that she should cycle and play hockey and rounders like her brother, and an exhausted brain is to find its refreshment in immoderate muscular exertion. And I say to this, by all means let our girls be well educated, and let them enjoy modern methods of physical relaxation so-called, and let those who have the capacity be trained even for the walks of higher professional life; and I only hope that those who aspire to enter our profession will be imbued with the same pure and lofty aims, the same womanly reserve and unblemished refinement, which characterised the methods of our former respected President, Mrs. Garrett Anderson, in the long fight that she had to wage against the prejudices of centuries, and the powerful vested interests which barred her progress at every step; but at the same time let us remember that a girl is not a boy, and never can be, and as guardians of the family health let us do our best to protect these young lives from an excessive use of either phase of activity, intellectual or physical, book or bicycle. The danger in many cases is not imaginary; we are dealing with a period of life, say from 16 to 21, when growth is very rapid, and large supplies of nutriment are required to maintain a healthy balance between those processes of destruction and renovation which our bodies are always undergoing; full of life and enthusiasm, eager to excel in the tripos and the playing field, the girl goes forward, ever active, ever enthusiastic, taking in plenty of learning, but often too little beef, and seldom in repose; and then follows, often very

gradually and imperceptibly, a general impairment of nutrition, until, under the influence of some slight depressing cause, the breakdown comes to everybody's surprise; then if she falls into the hands of a doctor with plenty of common sense and determination, she may with prolonged rest and feeding, after many weary months of inactivity and mental fretting, be gradually restored to something of her former strength; whilst on the other hand, if treatment be delayed, and is then only half-hearted, and a matter of compromise, she will very likely gradually glide into the unhappy ranks of the neurasthenic and the hysterical, the slave of a Hodge's pessary.

Pray understand these thoughts apply to the abuse, and not to the rational use, of athletics for young girls. We recognise and we welcome the process of evolution through which the physical training of girls is passing, and which rightly used will, I trust, do much to abolish weak backs and anæmia in the rising generation; and amidst all the improvements and methods which have been adopted, on the whole I know of no single factor which has had such a large influence for good, and which has given such a grand impulse to the health movement in the schoolroom, as has that wonderful machine known as the bicycle, the introduction of which will form a leading feature in the story of these later days of the nineteenth century, and the reasonable use of which ought to be a blessing to generations of girls yet to come.

THE INCUBUS OF GRATUITOUS WORK.

When I try to bring my thoughts to a focus and search for a definite expression of my views upon the great question rightly comprehended in the expression medical services in relation to the hospital, club, and dispensary, I confess to being fairly appalled by the ramifications and difficulties of the subject; if ever a question illustrated the truth of the dictum *facilis descensus Avernî*, it is certainly to be found here. As a profession we have allowed ourselves to be drawn step by step into a false position, until what was once a pleasure and a privilege is fast becoming a burden and a standing grievance to our members. I especially allude to this question to-day because the evil system is almost entirely the offspring of the present century; the burdensome, and to a very large extent uncalled for, out-patient department in our voluntary hospitals is entirely a growth of the nineteenth century. But the subject offers wider reflections even than this, for is it not true that the nineteenth century has witnessed an enormous development of institutions of all kinds for the relief of the sick and poor—hospitals general, special, and convalescent—hostels for individual classes, dispensaries free and provident, sick clubs and societies of all descriptions for the obtaining of medical aid for little or nothing—spring up on every side until as a profession we bid fair to be engulfed in this product of nineteenth century altruism, which is one of the products of our age.

Mr. Benjamin Kidd, in his interesting book on *Social Evolution*, has pointed out how, in the process of evolution, the ultra-rationalistic influences, summed up in the word "religion," have been shaping and influencing our lives more and more:

In the last sixty years or so life has become more intense, and individual character has deepened and softened by being brought into close contact with the impressive altruistic ideals found in the life and acts of the Founder of Christianity, and which the revival of religious thought and influence during the present century has especially brought under our notice.

Imperceptibly and unacknowledged it is here that we find much of the real motive power which has helped to open up the fertile field of preventive medicine. Dating back to England's efforts for the abolition of slavery, there has gradually grown up an impelling desire to right the wrong; and, as one of the effects of this altruistic spirit, we may set down the great efforts which have been made to improve the dwellings, the sanitary surroundings, and food of the community at large, and it is probably largely owing to this same influence that the enormous development of cheap or gratuitous medical service owes its genesis. But a system which was beautiful in its inception and fragrant with a pleasing charity is fast becoming an intolerable incubus and injustice to the profession at large. Without venturing this afternoon amongst the rocks and pitfalls which surround this subject, I do venture to make one positive statement, which is that we, and we alone, if only we are true to ourselves, hold the key for its solution.

Individually, it is true, we may be as dust before the forces arrayed against us. Intrenched behind a barrier of misconception and self-interest, the public, whether represented by the individual or the State, will never help us in the matter. During the past forty years many spasmodic efforts have been made to bring about a reform, but, greatly owing to want of united action on our part, so far without success. I trust the coming race of doctors in the twentieth century may accomplish what those of the nineteenth have failed to do. Depend upon it, if the difficulties ever are to be solved, it will only be through the agency and with the assistance of some greatly enlarged association of medical men, foreshadowed in the British Medical Association of our own day.

Until that day arrives let us initiate changes here and there, which ought to be within our reach. For instance, I should be the last person to underrate the very valuable services rendered by many devoted laymen to our hospitals; but if they give up their time, so do we; if they give of their money, so do we, and valuable time and skill, which is more than money; and therefore in our general hospitals, which are often wrongly spoken of as "public" institutions, when they are nothing of the kind, for they are absolutely private ventures for the public good, started and supported by the money of a certain number of subscribers and donors and worked by the medical profession free of all charge. I say in these hospitals those who do the work for which the institution exists, and those who administer the housekeeping, financial, and other business departments connected with a large establishment should at least be placed upon an equal footing, and therefore, as an important recognition of this law of elementary justice, in all voluntary hospitals manned by an honorary staff, the medical officers should be equally represented with the lay governors on the Board of Management. In an institution solely maintained for the relief of the sick, to exclude as far as possible from its management those who have the greatest stake at issue in the good reputation of the place is not only unreasonable, but is a policy only to be looked for in a Gilbert-Sullivan kingdom of topsy turveydom. I ought in fairness to say that of late years this act of reasonable justice is gradually making its way amongst our hospitals both in London and the provinces. But old prejudices die hard. Another reform is that it should be understood that the doctor is the only possible person to decide as to the fitness or otherwise of an applicant for free treatment in the hospital. Poverty alone is no sufficient reason, for for this class the Poor-law medical officers exist, I will not say are paid. Governors' letters ought not to be the key either to open the portal; the points can only be justly settled by weighing a combination of circumstances, and taking into account the nature of the case in its relation to the patient's social position and competence to provide for the proper treatment of his case in his own home. Then, with regard to benefit clubs, a reform which calls for speedy accomplishment is the separation of medical aid from club benefits. Let the benefit clubs spread their most important and useful work as widely as possible (as instruments of providence they are invaluable) but the contract payment for medical services ought to be a distinct question, to be left entirely in the doctor's hands as a matter to be settled between him and the individual applicant, both as to the terms of the contract and also to the persons with whom he is willing to make such a contract. The subject is one ripe for action, and cannot much longer remain in a position often so galling to the person chiefly concerned.

When we look back on this nineteenth century and think on the one hand of the application of steam and electricity on an immense scale to machinery, the enormous extension of telegraphs, railways, and other means of rapid communication, and then, on the other hand, call to mind the great gifts made to suffering humanity in the same period by our profession, in the prevention of disease, the abolition of pain in surgical operations, and in the crowning gift of the antiseptic system by the present Lord Lister, we may without exaggeration say that hereafter the chief glories of the Victorian era will be shared by the engineer and the doctor.

These, gentlemen, are our rich heritages, and let us by the probity of our conduct, the scientific truthfulness of our observations, and the unaffected personal charity of our practice hand them on untarnished to our successors.

SOUTH-EASTERN BRANCH.

ON ACUTE ABDOMINAL LESIONS.

By THOMAS EASTES, F.R.C.S.,

Folkestone.

AFTER some words of welcome Mr. Eastes turned to the subject of his address.

Classification.—The most rapidly fatal of all cases of this class are some from internal hæmorrhage, ruptured extra-uterine pregnancy, or, much more rarely, ruptured aneurysm; next, in order of severity, perforation of the stomach, or bowels, or appendix, or bladder, whether from disease or injury. I shall not include cases resulting from taking poison. Then we have the whole series of strangulation, and volvulus, and obstruction of the bowels, which of themselves constitute such a formidable array, and the somewhat allied cases of rotation and consequent strangulation of tumours and the cases of appendicitis without actual perforation, which, although of a distinct character pathologically, may be difficult or impossible to distinguish clinically. Cases of suppurating mesenteric glands, and cases of ruptured cystic tumours, ovarian or hydatid, must be mentioned. Then less serious actually, but very difficult to distinguish clinically at first, are the various kinds of colic, intestinal, renal, and hepatic, and the less serious kinds of hæmatocele. The three great dangers to be guarded against may then be summed up as hæmorrhage, peritonitis, and distension. In rupture of an extrauterine pregnancy the first danger is from hæmorrhage; therefore, of course, the first consideration in treatment is to stop that hæmorrhage. In another large class of cases it is the presence of an irritant in the peritoneum setting up acute peritonitis. In such cases, if not contraindicated, the irritant contents should be removed, and the aperture closed from which they escaped, and frequently a drain must be left in the peritoneal cavity for a time. In another class the cause of death is great distension of the bowel, whether the so-called paralytic distension or distension from actual obstruction. The chief symptoms of acute abdominal lesion are pain, vomiting, collapse; and, where peritonitis follows, general abdominal distension and immobility, with constipation.

Abdominal Pain.—This should, I think, always be looked upon as a danger signal. It is most remarkable how many severe abdominal cases have an early stage when there is no complaint whatever except pain. I must confess for myself that when I am sent for to a fresh case of great pain in the abdomen it is always with some dread of an impending catastrophe that I first investigate the cause and course of the symptoms. I think the first important point is to try to ascertain whether the symptoms are connected with any special viscus or any special region of the abdomen. For this purpose the seat and character and course of the pain are most valuable facts. The original seat of severe pain may indicate where the source of a general peritonitis is to be found. Pain, at first over the cæcum or at the umbilicus, will suggest the appendix, and the suggestion will be corroborated by finding a tender spot between the right anterior superior spinous process and the umbilicus, and if we have a history of similar previous attacks recurrent appendicitis is probable. If the onset of pain was referred to the upper part of the right side of the abdomen beneath the right costal margin, we shall at once think of the gall bladder, and previous attacks of pain passing backward to the right infra-scapular region followed by jaundice will confirm the opinion that that viscus is the seat of the pain, and we shall have to judge as to which of the various lesions found about the gall bladder and its ducts is existing in the case before us, such as blocking and perhaps consequent ulceration of the duct or empyema of the gall bladder. Severe pain starting in the upper part of the abdomen at the pit of the stomach, with tenderness on pressure, will suggest a gastric lesion, and if there is much collapse and a history of pain after food and long-standing dyspepsia, perforated gastric ulcer will be probable. In women pain in the lower abdomen, right or left, with a referred pain in the corresponding inframammary region, will suggest the ovaries or tubes as the cause of the trouble. In localised peritonitis the pain is usually referred