

was very easy and simple. The patient improved steadily for about three months, and was able to attend to some of his professional duties, but the cavity did not fill up well, and about the first of February, 1895, a fistulous opening into the bowels was observed. On the 18th of February, assisted by Dr. Wilkinson, I made a counter opening in the loin to facilitate drainage, but the patient gradually grew weaker and died two or three weeks afterwards. This was one of my three fatal cases, and as the other two have some points of interest I shall briefly relate them here.

CASE III.—Mr. N. Y., aged 67 years, had a typical first attack, and was attended by Dr. Lockhart, of Florence. On the morning of the ninth day of his illness, and when he seemed to be improving, the abscess ruptured into the peritoneal cavity, and he nearly died from shock before the doctor could reach his house. A hypodermic of morphine relieved the pain, and strychnine and stimulants were freely given. I saw him about three o'clock that same afternoon and operated without delay. I made a large incision and found pus free in the peritoneal cavity. Thinking it might not be distributed very widely I did not irrigate, but introduced strips of gauze in various directions for the purpose of drainage. Much to our surprise he rallied well, and after four or five days had a good appetite and was free from pain and fever, and his bowels moved regularly under the use of epsom salts. All went on well for nearly two weeks when he began to vomit and rapidly sank and died. I did not see him after the operation, and Dr. Lockhart was unable to secure an autopsy.

CASE IV.—This was the third fatal case and presented no difficulty whatever in the operation. The patient was a lady 36 years old, and she had been suffering from short attacks of acute pain in the region of the appendix for eleven years, and had frequently importuned me to operate on her, but as the attacks were short and did not seem to endanger life I had allowed the case to go on under palliative treatment. Her life was finally rendered so miserable I decided to try and relieve her. There was a tender place always present at McBurney's point. The appendix was found without trouble or delay and was removed in the usual way by tying off the meso appendix, turning back a cuff of peritoneum and sewing this cuff over the stump of the appendix after it had been tied, amputated and disinfected with pure carbolic acid. She suffered from nausea and pain extending up towards her right shoulder for the first twenty-four hours. The second night she rested fairly well, but towards morning pulse became very frequent and small, her respiration hurried and laborious, and she sank rapidly and died fifty-six hours after the operation. The color of her lips remained good to the end, nothing could be