

when attendant concluded that something other than poultices and salines were required. When seen, pulse was 80, temperature normal, and patient comfortable, abdomen tympanitic, no dullness perceptible per rectum, Douglas' sac distended and tense. Upon opening the abdomen (Dr. Jones), the deeply congested and inflated intestines filled the opening, and proved troublesome by obstructing the field. In the right fossa was an abscess containing two ounces of pus; appendix gangrenous, except base, which was ligated. A second abscess, completely distinct from the former, was found occupying the pouch, and containing about six ounces of pus. The abdomen was thoroughly irrigated with boiled water, adhesions separated, and drainage applied. Recovery was somewhat retarded by defective after-dressings, but the ultimate result left nothing to be desired.

With such cases not infrequent in our experience, and with many reported in the journals, it seems to be possible that the definite teaching of surgery is still meaningless to some of our worthy members. If the results of surgical interference in this disease were disastrous, we could excuse such expressions; but with a mortality almost *nil* there is no excuse for such a statement as, "If I had appendicitis, I would lie in bed, take salines, and await the result."

ERNEST HALL.

Victoria, B.C.