

backwards and covered by adhesions and completely bent on itself about its middle. The tip seemed to be in a very atrophic condition as a consequence of some previous attack. It was removed in the usual way. The appendix was two and a half inches long. The site of the original perforation was half an inch from the tip, having been almost completely severed from the rest of the appendix. At a point an inch from the tip the appendix is found completely doubled on itself.

In Case III. the patient had had several attacks. In one he had nearly lost his life. The abdomen was opened on the right side above Poupart's ligament. The omentum was adherent to the cœcum. There were two points at which cheesy matter was found, one on the outer side of the cœcum, the other on the inner and lower side. The points on the outer side when peeled off revealed a perforation of the cœcum; this was closed. The point on the inner side was found, peeled off, and the appendix was found imbedded in a mass of adhesions; in the centre of this cheesy matter was found. It was removed in the ordinary way.

On examining the appendix it was found constricted, although not completely shut off toward the bowel. The end was found distended and filled with grumous pus. The mucous membrane of the cavity was thickened and granular.

Case IV. was referred to me by Dr. Harris. The patient had had several attacks of appendicitis; and when I saw him first he was just recovering from an attack. The case had been diagnosed by one or two of the physicians as a case of tubercular peritonitis, but Dr. Harris claimed that it was appendicitis and advised that the patient wait two or three weeks before operation, that the sub-acute attack might subside. On examination, the abdomen felt as if there was a small quantity of ascitic fluid present. The intestines were somewhat distended with gas and the wall of the abdomen had a peculiar far-away feeling that is so frequently noticed in cases of tubercular peritonitis. After two or three weeks this condition changed, the abdomen became flat and localized tenderness could be distinctly made out in the right iliac region.

The abdomen was opened to the right of the right rectus muscle by the vertical incision. The omentum and the peritoneum were very much reddened, and the intestine adherent with adhesions that easily broke down. They were evidently recent. The folds of the small intestine were uncoiled and the appendix was peeled out of a bed of adhesions. The appendix was large and long. The bleeding from the intestine was free. There was a constriction in the appendix.