

**DOUBLE PHLEBITIS** in one case ; first in left leg ; immediately afterwards in right.

**NEPHRITIS** in three cases.

### CLASS V.—General Septic Peritonitis.

During the year ten cases of this condition were admitted and operated. By the term "general" is meant an involvement, as demonstrated at operation, of the whole lower half at least of the abdominal cavity. Of the ten cases nine died, a mortality of 90 p.c. All, except one, were due to an acute perforating appendicitis. The one exception showed an appendix not perforated, but with a hæmorrhagic, greyish mucosa, swollen, and in parts necrotic ; and this was considered to be the cause of the general peritonitis by extension along vessels.

**SEX**—Males, 7 ; females, 3.

#### *Ætiology :*

<b>AGES</b> — 1 to 10 years.....	1 case
10 to 20 " .....	2 cases
20 to 30 " .....	3 "
30 to 40 " .....	2 "
53 " .....	1 case
57 " .....	1 "

**PREVIOUS ATTACKS**—Two had had none ; three, one attack ; two, several slight attacks ; and three, many, of which some had been severe.

**PREVIOUS CONSTIPATION**—Chronic trouble had been present in two cases ; in two, absent ; and in the rest the point is not mentioned.

**PREVIOUS DIARRHŒA**—Definitely absent in three ; not mentioned in the rest.

**POSITION OF THE APPENDIX**—In three cases the appendix pointed south and extended over the brim of the pelvis ; in all the others it was curled up behind, or behind and outside the cæcum.

**CHRONIC INDIGESTION**, previous to the attack, is mentioned only in one case.

**CONCRETIONS** were found in seven cases ; in three they were absent.

**ORGANISMS**—Cultures taken at operation yielded, in eight cases, a pure growth of *B. coli com.* ; in one case a mixed growth of *staphylococcus aureus* and *B. coli com.* ; and in one case they remained sterile.

#### *Clinical Course and Signs—*

**ONSET**—In six cases the pain was slight at the onset, becoming severe later ; in the other four it was severe from the first.

In eight cases the pain was generalised at first ; and in two it began in the hypogastric region. Following this, it became localised to the right iliac region in four cases, and remained general in four.

In all cases there was generalised tenderness to pressure over lower half, or more, of the abdomen, but in a majority of cases this was worst in the right iliac region.

There was considerable resistance to palpation all over the abdomen in three cases ; in the rest there was absolute rigidity.