

he had several rigors. At the operation the appendix was found to be ulcerated, inflamed, considerably thickened and occupied by an opaque fluid. It was adherent to the caecum and was not perforated. Surgical emphysema developed round the wound. At the *post-mortem* there was pylephlebitis, with many abscesses in the pancreas, and bronchopneumonia in the right lung.

The second case was a woman 25 years old, who was admitted with an abscess in the right iliac fossa. She had had no previous appendix attacks. The abscess was evacuated, and ten days later it was necessary to open up the wound again to let out more pus. An opening was then found in the caecum, from which faeces escaped. Twelve days after the first operation she had an attack of acute intestinal obstruction, for the relief of which an artificial anus was made. Twelve weeks after the first operation the fistula leading to the caecum was explored, and an attempt was made to close it. The artificial anus ceased to discharge on several occasions, but was still open at the time of her death, twenty-one weeks after the primary operation. At the *post-mortem* examination there were signs of early lardaceous disease, pylephlebitis with many abscesses in the liver, and pelvic peritonitis with pus between the coils of the small intestine.

The third case was that of a boy, aged 12, who had been ill four days. The appendix, which was gangrenous, was removed. He died three weeks later. At the *post-mortem* examination there was a little local peritonitis round the caecum, otherwise the peritoneum was healthy. The superior mesenteric and portal veins were thrombosed and filled with pus; the splenic vein contained blood and pus.

The fourth case was that of a man, aged 26. He was admitted with jaundice and an enlarged liver. He had had frequent rigors. At the *post-mortem* examination a loculated perityphlitic abscess was found, together with pylephlebitis and abscesses in the liver.

It is to be noted that none of these patients had had a previous attack of appendicitis.

Abscess.

After an appendix abscess has been opened and drained, other abscesses immediately or remotely connected with the appendix may form in various parts of the abdomen. These arrange themselves into three groups:

1. The residual abscess, in which a reaccumulation of pus takes place underneath or close to the operation scar, in the position of the original abscess. Such reaccumulation of pus is not accompanied by signs of another attack of appendicitis.