

On examination the appendix was found with a constriction; beyond the constriction a dilatation that was filled with pus, together with a foreign body composed of hard fecal matter. Patient made a good recovery. (Specimen lost).

Case No. 5. Mr. S. A week before I saw him the patient complained of sudden severe pain in the right iliac region. The pain continued. Temperature became elevated but the pulse was not much affected. There was no vomiting. He did not improve in his condition and the pain did not disappear; on this account I was sent for.

On examination I found tenderness on pressure midway between the anterior superior spine of the ilium and the ensiform cartilage. No definite mass could be made out under the hand and there was no marked rigidity of the right abdominal parietes. I felt satisfied, however, that there was some serious change that had taken place inside in connection with the vermiform appendix and that the patient would be safer after an operation than if left alone. I told him that he would be safer with his appendix in a bottle and that he could choose for himself. He decided to have it removed.

Operation was performed in the usual way and the appendix was found with a large pinkish tinted fat-filled mesentery freely moveable in the abdominal cavity just under the point of greatest tenderness on pressure. It was difficult to find it at first owing to the fact that it was very high up and that it curled forward in front of the cæcum, on a level with, or a little above, the navel. The fat of the mesentery had an œdematous appearance as if filled with inflammatory exudate. Appendix was removed in the usual way. Patient made an uninterrupted recovery.

On examination of the appendix it was found to contain a foreign body in the shape of hardened fecal matter. After hardening it with formaline I made an incision into the fat and found an area commencing to break down. On examination from the appendiceal side a small perforation was found leading into this fat.

Owing to the fact that the perforation had not taken place into the abdominal cavity the symptoms were not as severe as usual. Had no operation been performed I am satisfied that in a short time pus would have formed in the mesentery of the appendix and that it would, in all probability, have perforated into the abdominal cavity and have given rise to the symptoms of *so-called secondary rupture*. (Specimen shewn).

Case No. 6. Mr. V. Patient suffered from several attacks of appendicitis, one of them very severe, from which he nearly lost his