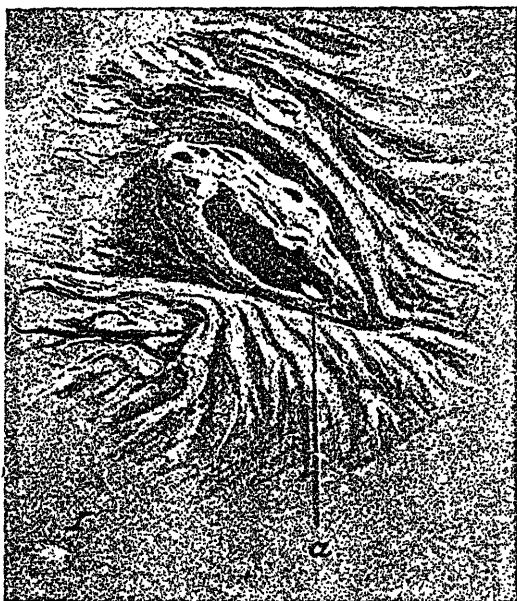


of epigastric localization. Some three days after the onset diarrhoea developed and the vomiting of bile-stained fluid, which had been present, ceased. He rapidly lost flesh. This condition had continued for close upon a month before he was admitted. On admission he was thin and delicate-looking, with a temperature of 100° , with distended abdomen and generalised tenderness, most marked in the right lower quadrant; the heart beats were weak. The indications were those of appendicitis, and upon December 4th, Dr. Bell cut down over the appendix when, upon opening the peritoneum, thick brownish faecal pus flowed out. There was in fact an extensive abscess in the region of the appendix and, in the matter removed,



(1) Ulcer at the lower end of the ascending colon, actual size, showing the curious raised and perforated condition of the mucosa, and, at *a*, the fistulous opening through the muscle wall.

two concretions were recovered, each the size of a bean. Following upon this operation there was profuse faecal discharge from the wound for some days. This continued, although the wound showed good signs of healing, save for the presence of the fistula.

Upon the 30th of December, the discharge still continued and he complained of general abdominal pain. On the 31st there was so much pain and tenderness with vomiting that a second operation was performed, and the intestines were found matted together, two perforations being discovered, one in the caecum, the other in the