

matory processes of considerable duration. In some instances the first intimation the surgeon may have of the case will be the formation of a localized abscess ; this may occur in or near the McBurney point, between the umbilicus and the anterior superior spinous process of the ilium, or about five centimetres from that point on the ilium. The temperature in such a case is not usually very high ; it is often not more than 100° to $102\frac{1}{2}^{\circ}$. The pulse may become soft and compressible, and occasionally much more frequent than the temperature would indicate. The vomitus is of a dark or grumous substance, at times it is of a light greenish color. When the symptoms become urgent, surgical measures should immediately be instituted for relief. In many cases, if not in the most, the incision should be made over the point of greatest tenderness. This point, as before intimated, is midway between the umbilicus and the superior spinous process of the ilium, and is usually in the right linea semilunaris. Such an incision will afford an opportunity for free drainage and for flushing the parts with warm carbolized water, or with water of the temperature of 115° to 120° , containing boracic acid or other agents that can safely be introduced into the abscess cavity. A liberal incision when timely made over the tender part has always yielded in the cases occurring in my practice an immediate and permanent result. In all cases after the incision has been made the parts should be thoroughly explored. If the appendix is within easy reach, it should be brought forward and then sewed off by means of sutures of aseptic kangaroo tendon. If, however, the appendix is bound down by firm adhesions, or, if it cannot be found without much difficulty, or without doing excessive violence to the cæcum or to other structures, it is far better to let it remain, for its presence when left will not seriously interfere with the patient's recovery. In a case to which I was called

some months since, the patient, who was aged twenty years, had been suffering nine days. I made a free incision over the tenderest point ; the operation was followed with a profuse discharge of purulent exudation. Careful search at the time was made, but the appendix could not be found. The patient, however, died next day. Extensive dissection at the autopsy revealed the fact that the appendix was drawn upward behind the cæcum, and was firmly adherent to the intestine. It required much patience to isolate and to identify it as the part for which we were in search. No portion of the intestine nor other part was found gangrenous. It is highly probable that, had the patient consented in the early stage of the attack to the operative measures, he could have been saved.

In another case to which I was called, the patient, a girl aged fourteen years, had been ill from the local symptoms for four days ; there had been much distension of the abdomen. The point of greatest tenderness was lower down than usual, but the symptoms so strongly pointed to the existence of appendicitis that a resort to operative measures was advised. An incision was made eight centimetres in length over the point of greatest tenderness, there was considerable discharge of purulent and bloody exudation. The appendix was unusually long and was bifurcated, and at its junction with the cæcum it was larger than normal. The excision of the appendix was effected without much trouble ; it was sewed off as in the other cases by means of the cordwainer's stitch, in which kangaroo tendon was employed. The patient made a speedy and uninterrupted recovery.

In another case to which I was called, that of Miss G., aged thirteen years, the symptoms had been in progress upward of four weeks. The attending physician had early diagnosticated the case as one of appendicitis, and after consultation with