

of the appendix, either taking the place of the artery in its mesentery or existing in association with it.

Following are brief notes of a case of hæmorrhage after appendicectomy :

R. S., clerk, age 20 years ; habits good and always healthy except for children's diseases. Referred by Dr. J. T. Fotheringham, Toronto. Seen on August 4th, 1905, during the subsidence of a second acute attack of appendicitis with localized peritonitis and the formation of an adhesive mass. There were no symptoms nor signs of any account save the palpable mass. Operation was advised, to take place later after the interval had well begun.

August 7th, he was admitted to the Toronto General Hospital and the operation was performed on the following morning, Dr. Fotheringham administering the anæsthetic. The appendix was embedded in a mass of adhesions and though easily located was difficult to separate. The cuff operation was performed, with ligation of the appendix and its mesentery by silk ligatures. The stump was carbolyzed and covered by the cuff. Considerable oozing of blood occurred and the cæcum was markedly congested. Hæmostasis was readily effected by hot sponging and the wound was closed. The operation was borne moderately well and he was fairly well throughout the day, with but little nausea. Late that evening the pulse went up rapidly to 160; temperature, 98° F. He was blanched, but not restless, and thirst was intense. Examination revealed no evidence of intraperitoneal hæmorrhage, neither was blood vomited nor passed per rectum. Rectal salines were given and retained, also heart stimulants, including morphia, gr. 1-16 by hypodermic injection.

August 9th. Improved slightly. Pulse, 140; temperature, 101.4° F. Taking hot water sips, predigested beef, rectal salines and hypodermic as before.

August 10th. Condition about the same. Respiration, 22; pulse, 140; temperature, 101° F. Passing flatus. Morphia discontinued. Taking peptonized milk and whiskey.

August 11th. Improved. Respiration, 20; pulse, 96; temperature, 99° F. Given calomel and later sal Rochelle and a simple enema. Slight movement but very little fæcal matter. Slight abdominal distension, relieved later by turpentine enema and rectal tube. Vomiting a little greenish fluid occasionally.

August 12th. Not so well. Respiration, 24; pulse, 110; temperature, 99.4°. Slight vomiting. Considerable distension of upper part of abdomen. Liver dulness obliterated. Relieved by gastric lavage and free movement by enema of mag. sulph., glycerine and water. Nutrient