

On examination of the specimen I found the appendix to be about two and one-half inches in length. At a point about half an inch from the tip was the site of the original perforation, the tip having been almost completely severed from the rest of the appendix. At a point one inch from the tip the appendix was found completely doubled on itself. (Specimen shewn).

Case No. 3. Mr. W. Patient had several severe attacks, very nearly lost his life in one of them. Opened the abdomen above Poupart's ligament on the right side. Found omentum adherent to cæcum and two points at which cheesy matter was to be found, one on the outer side of the cæcum and the other on its inner and lower side. The points on the outer side, when peeled off, revealed a perforation of the cæcum; this was closed. The point on the inner side was found, peeled off and the appendix was found imbedded in a mass of adhesions in the centre of this cheesy material. It was removed in the ordinary way.

On examining the appendix it was found constricted though not completely shut off towards the bowel. The end was found distended and filled with grumous pus. The mucus membrane of this cavity was thickened and granular. (Specimen shewn).

Case No. 4. Mr. H. Referred to me by Dr. Harris. Patient had several attacks of appendicitis and when I saw him first he was just recovering from an attack. The case had been diagnosed by one or two physicians as a case of tubercular peritonitis, but his attendant physician claimed that it was a case of appendicitis. We advised him to wait for two or three weeks for operation until the sub-acute peritonitis should subside.

On examination the abdomen felt as if there was a small quantity of ascitic fluid present, intestines somewhat distended with gas and the wall of the abdomen had a peculiar *far-away feeling* that is so frequently noticed in cases of tubercular peritonitis. After two or three weeks this condition changed, the abdomen became flat and localized tenderness could be distinctly made out in the right iliac region.

Opened the abdomen to the right of the right rectus muscle by the vertical incision. Found the omentum and peritoneum very much reddened, the intestines adherent with adhesions that easily broke down, as they were evidently recent. I uncoiled the folds of the small intestine and peeled out the large intestine, cæcum and ascending colon from a bed of adhesions. I removed a large and long appendix. The bleeding from the intestines was free and one coil of intestine had to be kept pressed with hot compresses while the stitches were being introduced.