

improved somewhat for two weeks and then developed a sub-phrenic abscess which I opened and drained. Later he developed an abscess of the lung and succumbed.

Case 3—The patient had been ailing for eighteen hours before the operation. He had intense pain, but his temperature at the time of operation was only one hundred, pulse ninety. I found a gangrenous appendix, perforated, and diffuse septic peritonitis. A portion of the omentum as large as one's hand was also gangrenous. He died in about three days.

Case 4—Patient ill thirty-six hours with usual acute symptoms. At operation found diffuse purulent peritonitis, with a gangrenous appendix. The peritoneum had a blistered appearance due to infection with the streptococcus. The cavity was flushed out and drained, and the patient did well for five days, then a miscarriage occurred of a two months pregnancy, and she died two days later.

Case 5—Had been ill three days with a severe attack resulting in a localized abscess, the abscess was opened and a gangrenous appendix removed, by simply throwing a ligature around its base where it was healthy. Four days later the patient became jaundiced and died in three weeks from pyle-phlebitis. A post-mortem showed multiple abscesses in the liver.

Case 6—The patient had been ill eight days; there was a large localized mass with severe symptoms of septicemia. The pus was evacuated and drainage provided, but the patient died of septicemia in about a week.

The eight remaining cases had been ill with general purulent peritonitis for from seven to ten days before operation. Of the cases which recovered I have had ten cases of general purulent peritonitis, and in one a septic thrombosis of the femoral vein followed by pulmonary embolism with recovery.

I would like to refer to one of these cases of recovery, after diffuse purulent peritonitis—a boy of fourteen years of age. He had been ill for a week, with high temperature and rapid pulse. When I saw him, the abdomen was distended, hard, and tender all over; temperature  $103\frac{1}{2}$ , pulse 160, and very weak, with constant vomiting. I told the friends that I would not advise an operation, as he seemed to be in a dying condition. At their urgent request and that of the attending physician, an operation was done during the night in a farm house. There was a large quantity of pus evacuated, and a gangrenous appendix removed. The cavity was washed out with saline and drained with iodoform gauze. Exclusive saline enemata were used for three days. He made a perfect recovery.

Of all the fatal cases only two were operated upon within the first forty-eight hours, one of them within twenty-four hours. A large number of these successful cases were operated upon within the first two days.