

abdomen, although the agonizing pain had been relieved by morphine. Her pulse was 136, temperature subnormal, and general appearance bad. The enlargement in the right side, which had been apparent at first, had now, in a great measure, disappeared, and palpation revealed fluid free in the abdominal cavity. She was unable to give a history of her illness, which at first seemed like a ruptured tube at pregnancy, but the local conditions excluded this. With as little delay as was compatible with asepsis, I opened the abdomen in the median line, and at once a large quantity of thin pus flowed from this wound. As pus had reached every part of the abdominal cavity, thorough irrigation with sterilized water was practised. The viscera were much congested, and soft adhesions were present about the right iliac region. The appendix was easily found and brought outside the wound. It was small and bent so acutely upon itself that the distal and proximal ends were in contact, as will be seen in this specimen here shown, and much of its surface was necrotic and of an ashen color, as though it had been touched with nitrate of silver. This discoloration extended to adjacent parts of the cæcum. The appendix was removed as close as possible to the cæcum, the stump disinfected, a glass drainage tube inserted and the wound closed and dressed with sterilized gauze. The following report from Dr. Wright shows the subsequent progress of the case:

"After the operation she rallied well and had no vomiting and almost no pain or distress of any kind during convalescence. The temperature at no time rose above normal, and the pulse varied from 80 to 100. The drainage tube was removed at the end of forty-eight hours, and the wound was entirely healed and the sutures removed at the end of a week. Interesting features of this case were the apparent mildness of the symptoms before the rupture, the slightness of the adhesions, the absence of fæcal odor from the pus, and the favorable progress of the case when the appendix was so unhealthy. The uterus and appendages presented the normal appearance of pregnancy at three months. There was a small cyst of the right broad ligament which I removed, and which is in the glass with the appendix. Gestation has not been interfered with. Recovery in such cases depends chiefly on the character of the pus, which may be sterile, and on promptness in operating. Intestinal peristalsis was abolished in this case, but undoubtedly it was from the action of the morphine. Had it been from septic infection, operation would probably have been useless.

**Septicæmia.**—Dr. MITCHELL, of Enniskillen, reported a case where, from a very insignificant incision through the integument of the knee,