

afterwards died rather suddenly of what was probably an acute obstruction. I did not see her during the last illness and no autopsy was performed, but, from what the attending physician told me, I have little doubt that the cause of death was ileus.

Case III. F. L., aged 10 years, was admitted on the 23rd March, 1900, with general peritonitis resulting from a perforative appendicitis. Temperature $103\frac{1}{2}$ – 5° , pulse 160, respirations 44. In this case opium was administered without apparent benefit. The temperature gradually rose to $105\frac{1}{2}$ – 5° , and she died eight hours later. In this case it is possible that if I had been satisfied with a small incision under cocaine, instead of a more perfect cleansing of the abdominal cavity under a general anæsthetic, the results might have been different.

Case IV. J. E., aged 14, was admitted on the 2nd November, 1900, suffering from general peritonitis from perforation of appendix, and in a condition of collapse. An incision was made under cocaine, and death occurred ten hours later. Opium in this case had apparently no beneficial effect, except to relieve pain and it gave mental rest and quiet.

Case V. P. F., aged 9 years. General peritonitis had occurred from perforation of the appendix. Temperature $100\frac{1}{2}$ – 5° , pulse 134, respiration 42. Operation performed under ether anæsthesia, appendix removed and small intestine area cleaned with swabs and normal saline solution. Morphine was given hypodermically every three hours during the first three days. The dose was alternately 1-16 and 1-8 of a grain, and during the following three days about 1-8 grain was given every eight hours, when it was stopped altogether. The abdomen was soft, free from tenderness, the bowels had moved freely and nourishment was taken in considerable quantity by the mouth and well borne. The child was bright, played with books and talked of going home. On the evening of the sixth day the child vomited and complained of severe headache. It gradually became comatose, developed strabismus, and died apparently of acute meningitis. The abdomen remained soft and free from tenderness. So far as could be discovered, death was not due to any abdominal condition. Death occurred forty-eight hours after the onset of the head symptoms.

Case VI. J. J., aged 23 years, was admitted to hospital at 5 a.m., on 16th November, 1900, suffering from general peritonitis from acute perforative appendicitis. The temperature on admission was 97° F., pulse 100, respirations 24. Operation was performed under ether anæsthesia eight hours later, the temperature being then