

the remaining cases there was in one general peritonitis, while in all the others an abscess was present.

The above particulars precisely coincide with my own experience of this complication. I have noticed no common factor in the circumstances of the patients who have become the subjects of thrombosis, nor have I any explanation to offer of the fact that the trouble nearly always occurs in the left vein and not in the right.

Acute Intestinal Obstructions.

Ten patients who were the subjects of appendicitis were operated upon for acute intestinal obstruction; 4 recovered, 6 died.

One patient had been ill for five days, and had had symptoms of obstruction for two days. At the operation the appendix was inflamed and adherent to the mesentery, forming a band which caused the obstruction; 4 in. of gangrenous gut was resected.

Another patient had been ill for 10 days, and had had symptoms of obstruction for four days. At the operation, in addition to an abscess in the right iliac fossa and general peritonitis, 14 in. of paralyzed gut were found and resected.

In the other patients the obstruction was due to adhesions or to kinking of the gut, while in one there was a volvulus of the small intestine.

Pulmonary Complications.

There were 45 cases in which pulmonary complications supervened. In 17 there was broncho-pneumonia, in 14 pleurisy with effusion, in 2 pleurisy without effusion, in 7 there was an empyema, in 4 acute bronchitis, and in 1 pulmonary embolism.

All the examples of broncho-pneumonia occurred in cases of abscess or of general peritonitis, with the exception of 2. In these two the appendix had been removed after the attack had subsided. As these were aseptic cases, and as signs of broncho-pneumonia were present on the day following the operation, they were probably examples of ether-pneumonia.

Pleurisy with effusion occurred in 14 cases. In 2 instances there was pleurisy without effusion. In 11 the right side was affected, in 5 the left. In one case only in this series was the appendix removed during a quiescent period.

Of the 7 cases of empyema 6 were on the right side and 1 on the left. The 1 on the left occurred with a left subdiaphragmatic abscess. Three of those on the right side were associated with a right subdiaphragmatic abscess, 2 with general peritonitis (in one of which the empyema commun-