companying photograph by spiral lines. The only firm adhesion was at the tip of the organ. After ligation and removal in the usual manner, an iodoform gauze drain was left in, packing the entire cavity; the wound was then sutured in part and dressings applied.

The pathology of the case seems to be as follows: About one year ago patient had all the symptoms of a catarrhal appendicitis, which was treated medically, and soon disappeared. It seems probable that at that time the appendix became adherent by its tip in a false position, undergoing an axial twist, the mesentery became wound around it, constricting the lumen. This condition did not cause any trouble until the present summer, when, as a result of a clam bake, followed by a dance, together with excessive surf bathing, an attack of gastro-enteritis was developed, with an accompanying appendicitis. This time the lumen is much smaller, the secretions cannot escape because of the previously twisted mesentery, and œdema, followed by moist gangrene results, the venous return being totally prevented. In the short time which elapsed before operation, the septic elements were absorbed in large quantities into the system, and although the appendix was removed, and without the escape of any of its contents into the peritoneal cavity, yet death resulted from general septicaemia.

After the operation $\frac{1}{8}$ gr. morph. was given, and repeated in two hours. The pulse was now 100, resp. 16, temp. 103.8. From now till the death of the patient all three commenced to rise gradually but steadily.

Aug. 5.—Forced nourishment, which was retained fairly well, urine clear, ac. and with a trace of alb. Thirty-two ounces passed in 24 hours. Temp. rose to 106° F. and the wound was opened; found to be doing well, and repacked with iodoform gauze.

Aug. 6.—Small doses of calomel, followed by an ox-gall enema, produced the expulsion of a large amount of gas, which temporarily relieved the patient. Urinalysis showed increased alb., bile, and granular casts. At 4 p.m. the temp. rose again to 106, and it was decided to try venesection, previous to which a saline infusion was given, partly to help the kidneys and also with the hope of somewhat diluting the absorbed poison.

The venesection (about 13 oz.) was very successful for the time, the patient breathing with greater ease and the pulse coming up well. These effects, unfortunately, were transitory.

Aug. 7.—Urinary suppression had been gradually coming on, and now became almost complete, only a few drachms being passed in 24 hours. Diuretics were of no avail, and a hot mustard bath, while inducing diaphoresis, had little effect in relieving the kidneys. Temp. rose to 107, pulse 158, and at midnight patient died, having been unconscious for some hours

Post-mortem examination showed the abdominal cavity to be clean and dry, there not being even a suspicion of peritonitis. A previous diagnosis of endocarditis and pericarditis was verified. A wedge-shaped infarct was present in the liver. Contrary to what might have been reasonably expected, there was no hyperæmia of the kidneys.

Certain conclusions will naturally present themselves to those interested in abdominal surgery.