

On examination of the abdomen there was marked rigidity of the right abdominal muscles, tenderness on pressure midway between the anterior superior spinous process of the ilium and the notch on the under surfaces of the liver, beneath which lies the gall-bladder. The tenderness over this spot was marked. He thus had the four cardinal signs of appendicitis, namely, *rigidity of the right abdominal muscles, tenderness on pressure*, following an attack of *sudden, severe pain*, and *vomiting*. On Monday night a severe chill supervened, he shook till his teeth chattered. On Tuesday morning temperature was about 100 and pulse about 100. Face looked anxious. I advised immediate operation.

He was moved in three miles from the country to the Toronto General Hospital. At four in the afternoon, assisted by his physician, Dr. Gee, I opened the abdomen an inch and a half above Poupart's ligament by the oblique incision. Found the appendix adherent to the under surface of the liver; it was gangrenous and filled with pus, but *had not burst*. It was carefully removed in the usual way and the wound closed. No drainage tube was inserted. Patient made an excellent recovery.

On examination of the appendix I found it to be about four inches in length. At a point about an inch and a half from the tip the lumen was found constricted and the tip dilated. This dilatation was filled with very offensive grumous pus. A gangrenous condition was present and the blood vessels in the mesentery were filled with blood clot, showing complete stagnation of the circulation in the black portion. The rest of the appendix looked in a healthy condition. There was no foreign body found. (Specimen shewn).

This attack was the first from which the patient had suffered.

Case No. 2. Mr. J. Referred to me by Dr. Noble. I saw the patient during his fifth or sixth attack and advised operation. He looked pale, and told me that he had never thoroughly recovered his health after the first attack. The attacks had been coming on at short intervals of a few weeks. The curious feature in this case was that the pain was chiefly referred to the left side, so much so that a layman, a friend of the patient, was quite anxious to be admitted at the time of the operation for fear that a mistake had been made in the diagnosis.

I opened the abdomen above Poupart's ligament by the oblique incision on the right side. After considerable difficulty I found the appendix turned downwards and backwards and covered by adhesions and completely bent on itself about its middle. The tip seemed to be in a very atrophic condition as a consequence of some previous attack. It was removed in the usual way.