

delay in cases that were clearly ones for operation. Two of the fatal cases occurred in my own practice several years ago, when I was less familiar with the disease and when operation was seldom performed; the other ten were seen in consultation either after the abscess had ruptured or fatal peritonitis had developed. The medicinal treatment that has been most successful may be briefly stated as follows: Perfect quiet, hot fomentations, saline cathartics, strychnine hypodermically and abstention from food. Cathartics are injurious if there be septic paralysis of the intestine. Opium should not be given if pain can be relieved by means just mentioned. The difficulty in deciding when medical means should cease and surgical means be adopted, lies in the obscurity that exists as to the pathological condition present in such given case, and until greater skill in determining this obtains the decision will be difficult, and cases that would recover without operation will be turned over to the surgeon, and cases that should be operated on will die in the hands of the physician. At the present time there is no method of telling early in an attack, with any degree of certainty from the symptoms present, whether a case will run a favorable course and terminate in recovery or will end fatally, and while my own experience is too limited to base certain conclusions upon, I know that operation in every case would have given a greatly reduced mortality. The time limit allowed for the reading of papers at this meeting will not permit of reference to the causes, symptoms, diagnosis and treatment of this disease, but for a satisfactory discussion of these I would refer anyone to the address of Dr. J. W. White, delivered before the Surgical Section of the College of Physicians of Philadelphia, and published in the *London Lancet* of Feb. 16th, 1895. It may, however, be briefly stated that the real difficulty in this question lies in dealing with adhesions, in avoiding injury to the viscera, and in protecting the peritoneal cavity from septic infection.

The following case has some points of interest:

Mrs. O —, aged 37, married, and has had six natural labors. She is now, April 20th, 1895, three months pregnant, and for the last ten days has had severe pain in the right iliac region, but did not consult a medical man and continued to do some housework. At 8.30 a.m., on Saturday, 20th April, while sweeping the floor, she felt "something give way" in the painful side, and fell to the floor in great pain. Dr. Wright, of Wheatly, saw her at noon and found her in great distress, very tender over the whole abdomen and a well-marked swelling to the right of the uterus. In response to a telegram from Dr. Wright, I saw her at 5 o'clock p.m., and found her very tender over the whole