

might be said that in such cases an operation was unnecessary, and that, indeed, was at one time my own opinion, but when studying cases of peritonitis twenty-five or thirty years ago I noticed that often there was a history of indigestion and cramps, and it gradually became apparent that there must be a common cause for the chronic trouble, and the acute attack. When it was found that peritonitis of the so-called idiopathic variety arose from disease of the appendix it was a simple matter to fix the origin of the preliminary disturbance, and when the terrible danger of peritonitis is considered it is surely indefensible to leave any person exposed to it after nature has hung out the warning signal, if only we interpret that signal aright.

CASE 7.—This case illustrates the ever-present danger of a diseased appendix, the mildness that may characterize the symptoms and the awful suddenness of the final attack. The patient, a lady of twenty-seven years, had for some months been troubled with her stomach in a more or less indefinite way, and had also some pains of a cramp-like nature in her abdomen, which she attributed to biliousness, and for which she took purgatives, but had never consulted a physician. About one o'clock in the morning she was aroused from sleep by a sudden violent pain in the lower part of the abdomen; it was so severe she was unable to go to a physician, although the distance was only about three hundred yards, and as she was alone in the house there was no one to send; she managed to cross the street and awake a neighbor, who helped her home and brought her physician, who diagnosed acute peritonitis. At four o'clock in the evening of the following day I saw her. Her pulse was weak and almost uncountable; skin dusky; abdomen tympanitic and exquisitely tender; her whole condition, in fact, one of a most hopeless character. The possibility of perforating ulcer of the stomach was considered, but on account of the pain having begun at the lower part of the abdomen it was thought more likely that rupture of an abscess, probably appendiceal, had taken place. On making an opening the whole lower part of the abdominal cavity was found bathed with bad smelling pus, and beside the cecum a ruptured pus cavity. She died within twenty-four hours. Had an operation been done immediately after the pain came on, and had the cavity been thoroughly washed out and drained, it might be that recovery would have taken place, but how much better her chance would have been had she seen a physician before the rupture, or better still, before pus had formed, and the condition being diagnosed, an immediate operation had been undertaken. It is surely true that in so far as the danger