

temperature and the pulse was eighty. The patient could only lie on the right side, and experienced intense pain from the slightest movement. Thursday morning she could lie on her back, breathing was easier, and on pressure there was pain over McBurney's point, nausea, but no vomiting. The bowels had moved, the pulse was still eighty, but the temperature was now one hundred. Rebound pain was most marked.

It was decided that the appendix was at fault and the patient was removed to the Hospital, where on opening it was found that there had been internal hemorrhage, the source of which was the right ovary, which was about twice its natural size and showed a large rupture, filled with blood clot. The clot was removed and it was found necessary to remove half the ovary.

The fact that there was a much inflamed and distended appendix which showed pus and fecal matter is of much interest, and the question arises as to whether the symptoms of one masked the symptoms of the other.

The difficulty arises in the differential diagnosis in the absence of symptoms pointing to the ovary.

In many cases there is not the familiar picture of shock one sees in a ruptured ectopic case, and the attention is directed to another organ, as was in this case.


In closing I may state that I have seen the patient several times. She made an uninterrupted recovery, and is now in good health.

### "Hospitalitis" Is New Malady

"Hospitalitis" is a new disease that has developed as a result of the war, according to Mr. Wills MacLachlan of Toronto, who took part in the discussion on "The Abilities of the Handicapped in Occupation" at the morning session of the Psychological Section of the American Association for the Advancement of Science.

### DOCTOR

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