

pelvis, and was apparently normal, though somewhat distended. For purposes of further exploration some of the intestines were drawn out of the abdomen and the cavity washed out with hot water. A large quantity of pus and lymph was evacuated from the bottom of the pelvis. In order to return the distended intestine an incision was made in it to allow the gas to escape ; this incision was closed by Lembert sutures. The abdominal wound was now closed, a glass drainage-tube being left at the lower end. At the end of the operation the boy was much collapsed and his pulse had failed markedly. He rallied somewhat, but died next morning. After the operation there was no more vomiting. An autopsy was made by Dr. Lafleur, who found that the cause of peritonitis was a perforation of the appendix. This appendix was found hanging over the brim of the pelvis, and it was in a gangrenous condition. It was folded up on itself, the perforation was situated within the fold, and could not be seen until the parts were dissected out ; to the feel the appendix was normal. There was a great quantity of lymph on the intestines, and in the true pelvis the folds of intestines were glued together in every direction. Dr. Shepherd remarked that although he had examined the appendix at the time of the operation with his fingers, he had not seen it, and that this case taught him that in cases of general peritonitis the appendix should always be examined by sight, even if the history and symptoms of the case do not point to this part as being the origin of the affection. If the cæcum and appendix cannot be brought to the surface at the median incision, they should be examined through an incision made in the right iliac fossa. The position of the appendix, viz., pendent in the cavity of the pelvis, explained in this case the absence of local symptoms ; although the pelvis was examined before operation per rectum, nothing was made out. He also remarked that these cases of perforating appendicitis in which the peritonitis was diffuse from the first, operation gave much less hope of cure than when there was from the outset a distinctively localized area of inflammation, characterized by the existence of a tumor.

*Discussion.*—DR. RODDICK asked if, in Dr. Shepherd's opinion,