

term; localized abscess found in appendiceal region at operation seven days after. Patient died three days later.

CASE III.—Mundé—Much the same history; operation; death.

CASE IV.—Abrahams—History of constipation; nine weeks pregnant; pain for three days; miscarriage; relief from pain for a day. Patient operated on eight days after abortion, and eleven days after the occurrence of pain Dr. Mundé opened a big appendiceal abscess with gangrenous appendix. Patient died.

Other cases, such as a recent one reported by Huing, of Sydney, Australia, show that an operation may be successful in gangrenous appendicitis, even if not operated on until the ninth day, and the patient went on to full term and was delivered of a healthy, living child, the line of incision remaining sound. This case is given in full in *Practitioner* for June, 1904.

*Etiology.*—The causes that produce appendicitis in pregnancy must be the same as produce it in man or in the unimpregnated woman with, perhaps, the one exception, where the appendix hangs over the pelvis and is exposed to pressure and injury by the enlarging uterus. R. T. Morris finds the appendix in this position in thirty-five per cent. of his cases, and considers the possibility important of the enlarging uterus breaking down adhesions about a previously inflamed appendix and thereby lighting up an acute attack. Pressure of the enlarging uterus on an appendix would be a very probable cause of acute trouble if the appendix contained a coprolith or fecal concretion. This traumatism might occur during labor, and the acute attack of appendicitis arise as a complication of the first few days after, and be the explanation of the rise in temperature, etc., when the obstetrician would naturally be looking for infection of the parturient passages.

There is almost always a history of chronic constipation, perhaps long-continued and obstinate, and if one considers that constipation stands in a causative relation, we have a direct indication for prophylactic treatment in always being careful to see that the bowels in our pregnant patients are properly regulated.

It is also claimed by some, that over-eating will frequently induce an acute attack of appendicitis in persons subject to it, hence another indication for prophylaxis.

*Pathology.*—The frequent occurrence of abortion in pregnancy complicated by appendicitis, estimated by Vinay at forty per cent., is higher than occurs in pregnancy complicated by the acute infectious diseases, and is referred to the intimate vascular and lymphatic connections existing between the appendix and