seriously of his condition. On arrival at the General Hospital and after the usual preparations, assisted by Dr. Ward of Napanee, an incision two and one half inches long was made through the superficial structures commencing at a point about an inch above a line drawn from the umbilicus to the anterior spinous process and passing in an oblique direction so as to cut that line through the middle at right angles. The fibres of the aponeurosis of the external oblique were separated by the handle of the scalpel and held apart by retractors, after which the fibres of the internal oblique and transversalis were similarly separated and held apart. The peritoneum was then picked up and divided. The appendix at once presented in the incision and after separating it from a few slight attachments to the omentum stood out quite rigid and corresponding in length and size to that of the index finger. It was devoid of mesentery, somewhat constricted at its proximal end, dark livid in color and rapidly approaching a state of gangrene. Locally the small intestines showed some signs of old inflammatory action, but there were no adhesions. The field of operation having been surrounded with iodoform gauze, the appendix was removed and from the divided end there escaped about half a teaspoonful of foul swelling pus. After probing the stump it was ligated and the thermo—cantery applied. The wound was closed by the introduction of *through and through* silk worm sutures, but were not tied until the fibres of the internal oblique and transversalis were first approximated by continuous catgut sutures, and after that the aponeurosis of the external oblique by the same kind of suture. The advantage of this method of opening and closing the peritoneal cavity is obvious, in that the grid-iron like arrangement of the muscular fibres to which the abdominal wall so largely owes its strength is restored almost as completely as before operation.

In this case then we have a man in fairly good health working in the intervals of mild attacks of iliac pain, with an appendix not walled off from the general peritoneal cavity by any adhesions, almost in a state of gangrene, and which undoubtedly would have been gangrenous in a very short time but for the timely and persistent advice of his medical attendant.

HÆMORRHOIDS.

In looking over the ordinary line of text-books on Surgery one finds the treatment of this frequent and troublesome condition divided into *palliative* and *radical*, and on turning to a further description of