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Original Communications.

APPENDICITIS—OPERATION—DEATH ON THE TENTH DAY.

By GEO. E. ARMSTRONG, M.D., Instructor in Surgery, McGill University; Surgeon to Montreal General Hospital.

F. S., aged 30, consulted me about April 15th for a chronic, persistent diarrhœa, from which he said he had suffered for about fifteen years. Loose, watery, mucus stools; colicky pains, and also a pain in right hypochondriac region. He had previously been under my care for diarrhœa in 1884 and 1885. For about six years I had not seen him.

On examination, I found the abdomen flaccid and compressible over the left two-thirds. The right third was tender and painful, and a hard, well-defined mass could be distinctly outlined in region of ascending colon. Pain first felt at beginning of year. I advised him to enter the Montreal General Hospital with the view of having further advice, possibly an exploratory incision. Has lost 13 lbs. in weight since January, 1891. During the next two weeks the condition of the right side changed very much. There evidently had started up a fresh and active inflammatory process; so much so that when seen in consultation by Drs. Geo. Ross and

Shepherd on his admission to hospital the right side of abdomen and right lumbar region were so tender that anything like a satisfactory physical examination without an anæsthetic was out of the question. He walked with difficulty. He was considerably emaciated. Had never been confined to bed. He was a printer by trade. Had inflammation of lungs and scarlatina in childhood. Father died of gout at the age of 69; mother and one sister and one brother are alive and well.

On the 1st May, 1891, assisted by Dr. Shepherd, I made a lateral incision on the right side, over the tumor. On entering the peritoneal cavity I was for some minutes puzzled to make out what the condition of things was that I was to deal with. In the iliac region the omentum was closely adherent to the parietal peritoneum to the right of the cæcum and below. Above I could pass my finger around into the right loin and determine that the kidney was normally placed and not adherent to the tumor. The liver and gall-bladder could be also excluded. I then carefully separated the omentum from the parietal peritoneum to the right of and below the cæcum. The walls of the cæcum were thickened and covered with inflammatory tissue. The appendix was with difficulty recognized, as its walls were ex-