

moved at nine o'clock on the following morning. The organ was found firmly adherent and the peritoneum in the neighborhood intensely congested. Prompt recovery followed and the boy has since been in perfect health.

CASE 5.—A young lady, daughter of a physician, was taken with sudden and severe pain referred to the epigastrium, which was extremely sensitive to pressure. She had been from home for several months previously, and had been laid up with the same trouble twice in six months, but the diagnosis had been acute indigestion due to some errors of diet. The fact that one attack came on some hours after eating ice-cream and cake seemed to support that view. When I saw her about twenty-four hours after her last attack began, her whole abdomen was so tender she could not be examined, and in spite of taking a grain of opium every hour the suffering was intense but she still referred to the stomach as the place of greatest pain. The possibility of perforating ulcer of the stomach was discussed but on account of the previous attacks it was decided to cut down over the usual site of the appendix. The intestines were found glued together and the appendix intensely inflamed, but as the adhesions were by no means firm there was no difficulty in completing the operation and the immediate relief of the symptoms was remarkable. There was very little suffering afterward and recovery was uneventful.

CASE 6.—This is typical of a very common variety of cases depending upon diseased appendices. Patient had never been actually laid up, but had suffered from what was called indigestion and had cramps in the abdomen. The treatment was usually a tonic with a couple of doses of a purgative and the symptoms were relieved in three or four days only to return at a greater or lesser interval. Pressure in the right inguinal region revealed tenderness, but it was by no means marked. It was just one of the cases where it was difficult to be certain as to the diagnosis, but remembering that repeated attacks of indigestion, in spite of the utmost care in diet, in a person, who up to a couple of years before had never had any such trouble, must arise from some cause other than undigested food, and that ill-defined pains and cramps with slight tenderness must have a cause, and that in all probability the cause was situated at the tender point, a diagnosis of appendiceal disease was made, and an operation done. The appendix was found quite firmly adherent to the cecum, and bent at an acute angle. Its removal was followed by complete recovery. A case of this kind is most instructive, for the symptoms are comparatively so mild the cause may be overlooked, in fact, I am certain that until recent years I overlooked many of them. It