

severe pain in abdomen and vomiting. I was called during the evening. Found him in severe pain, general over abdomen, but most intense in epigastrium and right side. No tympanites or rigidity, no distinctive tenderness. Pulse and temperature normal. May 7th, pulse 100; temperature $100\frac{1}{2}^{\circ}$. Pain and tenderness localized over McBurney's point, where there is a very little dullness, but no tumour, no tympanites. Under morphine, vomiting had ceased, pain was lessened and he had slept well, and he appeared well enough to encourage the Fabian policy of waiting.

Operated in St. Francis Hospital, 32 hours after onset. Pulse 100; temperature 102° . Lateral incision. About two drams of slightly turbid fluid escaped on incising peritoneum. Intestines slightly congested and a few slight adhesions joined some coils of ilium to cæcum. The appendix was found doubled up behind and external to cæcum. It was distended and tense (2 c.m. in diameter) and adherent everywhere. It was removed, stump cauterized, and iodoform gauze drain used. Recovery uneventful. Temperature never rose to 99° , and he left hospital in 2 weeks.

Appendix contained about one and one-half drams of dark, foul, grumous material. The mucosa was black and ulcerated, and at one point near the base the whole thickness of wall was dark and softened, and would undoubtedly soon have perforated.

Case III. C. A., æt 14, cousin of Case II., Oct 2, 1892. First attack began with pain, vomiting, localized tenderness and fever.

Oct. 3rd. About same.

Oct- 4th. Seemed much better.

Oct. 6th. Much worse. Great pain and tenderness everywhere over abdomen, tympanites, vomiting, very fast pulse, temperature 102° .

Operation.—Found a large stinking collection of pus, general suppurative peritonitis and a perforation of base of appendix, from which faecal matter oozed. Removed appendix, cleaned out abdominal cavity and drained. Death three days later.