

tonitis, and I entirely favored the latter view, believing that obstruction could be readily excluded. The only question, then, was to decide, if possible, the cause of the peritonitis. The sudden onset and rapid progress of the case suggested perforation, and therefore our first thought was of an appendicitis. It will be observed that the history gave some support to this idea, the difficulty being that the pain had always been referred to the *left* side. This also was the situation of the pain and the greatest degree of tenderness. The ultimate diagnosis therefore was acute purulent peritonitis, which was an attack depending upon some previous disease in the lower portion of the abdomen—that this might be an appendicitis, but the evidence on this point was inconclusive. I gave it as my opinion that the boy would not live more than twenty-four hours if unrelieved, but I strongly advised opening the abdomen. I fully realized the fact that four days had already elapsed, and that the peritonitis was already very extensive, which rendered the chances of success very small. I believe, however, that it is maintained by operators of experience that the existence of general peritonitis is not a contra-indication to the operation, and the condition of the patient seemed to justify the attempt. I had him removed carefully in the ambulance to the hospital, where laparotomy was performed by Dr. Shepherd.

DR. SHEPHERD said that when he saw the case with Dr. Ross, the patient was in a very hopeless condition; he had a pulse of 150 and very weak; vomiting was continuous. There was no tenderness on deep pressure in the iliac region, nor was there any fulness. The only very painful point was a little below and to the left of the umbilicus. It was decided to give the patient the very small chance offered by operation. An incision some two inches long was made in the median line below the umbilicus and two fingers introduced; nothing could be felt but distended intestines, and the cæcum could not be reached, so the incision was enlarged and the hand introduced; no collapsed intestine could be felt, but quantities of lymph covered the intestines, and some fetid pus escaped from the wound; the right iliac region was explored, the appendix was felt hanging over the brim of the