

that until September, 1899, nearly one hundred cases had been placed on record, of pregnancy complicated with appendicitis. Gestation was more frequently affected by the recurrences of abortion. Where the pregnancy continued to full term the foetal mortality was over 50 per cent., being due in some cases to direct intrauterine infection of the foetus either by continuity or by the blood or lymph streams.

Vinway, in France, records four cases of appendicitis in pregnancy, and refers to a total of thirty-two cases. The comparatively small number tends to show that pregnancy does not set up torsion of the appendix or colitis, conditions which would increase the virulence of the colon bacillus and so induce appendicitis. In the thirty-two cases there were ten deaths, a percentage of 31 per cent., which is higher than that of Armstrong in his series of 517 cases of ordinary appendicitis with a mortality of 12.8 per cent.

Of these were recorded nearly one hundred cases from December, 1894, when the first case was reported by Dr. Mundé, until September, 1899. There will probably be another one hundred cases in the next five years which brings us to the present year.

The first case brought forward by Mundé is of such universal interest that I feel like giving the details, first, as showing that the case recovered, and second, that an abscess developed—a condition which we try to forestall by early diagnosis and operation.

CASE I.—Mundé—Mrs. F. P., eight months pregnant on Sept 15th, 1894. She was seized with pain and tenderness in the lower part of the abdomen equally in the median line and on both sides. Temperature, 101° and 102° F.; temperature fell to 99° and the patient was expected to sit up next day. On 21st, about 9 a.m., she suffered an attack of violent pain in the pelvic region, accompanied by a pronounced chill and fever; temperature, 101.5° F., while at the same time labor commenced. On 22nd, about 2.30 a.m., a dead child was naturally delivered. The birth of child was followed by semidelirium and prostration. The abdomen still continued universally tender. Twelve hours after, decided dullness could readily be made out, together with a very acute pain on pressure in the right iliac region, the outlines of the uterus being free. Vaginal examination being negative now, the pain was localized. Temperature, 102°; Pulse, 120.

*Diagnosis.*—Perforative appendicitis. On 24th and 25th the temperature was nearly normal; on 26th it jumped to 102°; on 27th, 101.8°. On 28th operation was done; abscess found completely closed off by a thick wall of agglutinated intestines. Recovery uneventful.

CASE II.—Mundé—Had history of appendicitis; confined at