

tion, she consented. On cutting down, the apex of the appendix was found adherent to the fundus uteri, and it was filled with pus. Close to the entrance to the cecum it was sharply bent upon itself, so that the pus could not escape, but apparently as it got fuller and the tension increased, the organ straightened and emptied itself, and this process was repeated over and over.

CASE 2.—A woman had for eight years suffered from attacks of severe pain low down in the abdomen. Each attack laid her up for one or two weeks, but there was no regularity as to their coming on, sometimes the interval would only be a month, and then a couple of months would elapse between attacks. It was attributed to some uterine disease, but what the exact diagnosis was I did not learn. She had, however, been treated for it in a hospital for many months without being cured. On making an examination there appeared to be nothing wrong, except a tender point about an inch and a half above the centre of Poupart's ligament. So far as she knew she never had an attack of appendicitis, but she had been treated for inflammation of the bowels eight years before. With these facts before me, I diagnosed appendiceal disease, and advised operation. On cutting down, the appendix was found at the point of superficial tenderness. It was held down by adhesions, and was filled with pus. Its removal was followed by an uneventful, but complete recovery, and there has been no return of the uterine trouble.

CASE 3.—This patient was a young man, who had had two or three so-called bilious attacks, which while not actually laying him up interfered greatly with his comfort. As I am always suspicious of indefinite terms, such as biliousness, which doesn't mean anything in particular, I made a careful examination and found on making firm pressure tenderness over a point about two inches internal to the anterior superior spinous process of the ileum. On cutting down, adhesions of the appendix and bowels were found and separated, the appendix removed and rapid recovery followed. The biliousness has not returned.

CASE 4.—A boy, aged 12 years, had taken a sudden and severe pain in his abdomen about six o'clock in the evening, and at ten I saw him. His temperature was then 103, and there was marked tenderness in the right iliac region, but it was not localized. His parents told me he had been laid up a year before with appendicitis, but that his physician did not believe in operating, and had assured them that if he was kept from eating fruits with small seeds, and had his bowels kept rather loose there would be no further trouble. Operation was advised, and he was brought to the Royal Alexandra Hospital, Fergus, and the appendix re-