

intestinal walls. They all were treated by drainage in the way that I have indicated and they all recovered. Five were abscess cases, and the only death in the seven occurred in one of these cases. The patient was a young girl, in whom the disease began five days before admission to the hospital. An abscess was opened, cleaned with swabs and the appendix removed. During the succeeding eleven days she did well. The temperature became normal, the pulse improved and she was regarded as convalescing, and out of danger. On the twelfth day after operation she was suddenly seized with a chill, the temperature rose to 104° F. and subsequently became decidedly septic. Four days later, or on the sixteenth day after the first operation a second was performed by my colleague, Dr. Kirkpatrick. It was unsatisfactory. No peritonitis was found, and her condition was not improved. She died four days afterwards, or twenty days after the first operation. Unfortunately we were unable to obtain an autopsy and the cause of the septic condition and death is a matter of conjecture. The symptoms however closely resembled the cases of pylephlebitis and liver abscess that I have referred to and I think that probably that is the condition that would have been found in this case had an autopsy been permitted. Nevertheless, one death in five abscesses and four general peritonitis cases is a good result, and I believe was attained by the application of the principles and methods of technic which I am advocating.