

who attended her prior to her entry for a few days. Mrs. B. aet. 25, primipara, four months pregnant, no history of previous appendicitis, but history of chronic constipation.

She was on a trip from Salt Lake City to her home in Thorold, when she was taken with pain in the hepatic region, in the sleeping car on December 4th. She couldn't straighten out her leg properly next day, but otherwise felt little inconvenience except some slight tenderness in the abdomen. Arriving home on December 6th, in the evening she consulted Dr. Campbell.

Temperature and pulse normal. Frequent desire to urinate with pain in the bladder and over the liver. Catheter passed, $\frac{3}{4}$ ss of urine drawn off. Morph gr. $\frac{1}{8}$, given hypodermically. She slept all night. December 7th, patient felt better. Temperature normal, pulse over 100, no pain. Frequent urination, pain in hepatic region and tenderness over the bladder. December 8th, a.m., chill. After this temperature was 104° , pulse 140, Resp. 30. Vomiting occurred a few times during the day. Pain in hepatic region severe and tenderness over liver and over McBurney's point, though the rigidity of the muscles of the part was not especially marked. In evening, temperature dropped to 98° , with pulse 120, but later both went up to temperature 101° , pulse 125. December 9th, a.m. Temperature 103° , pulse 140. Tenderness over right half of abdomen marked. P. m., temperature 102° , pulse 140. Tenderness marked over McBurney's point with guard tension of muscles. She was taken to the hospital and operated on in the early morning hours of December 10th. A thick and inflamed appendix was removed entire. There were no adhesions. Recovery complete and convalescence uneventful.

This case was operated on practically within 48 hours from the onset of acute symptoms, though she had been complaining of indefinite pains for a day or two before. The condition of the appendix was such that she would probably have recovered from that attack, though the symptoms were urgent enough to suggest a more severe pathological condition than was found.

I might remark that the patient developed albuminuria at about the seventh month and premature labor was induced in the eighth with the birth of a dead child. Just a year after this she bore a normal healthy child and was perfectly healthy herself. I cannot believe that the albuminuria was in any way connected with the appendicitis or operation but was due to other causes.

One point of special note was the location of the pain first in the hepatic region and later in the bladder, and again in both places before the pathognomonic indication in McBurney's point. She was perfectly relieved of pain by the operation.

Koenig summarizing the literature of this subject states