

gall-stone more than half an inch in diameter. A small faceted gall-stone lay in the appendix beyond the larger one. On moving the bowel so as to displace the stone, liquid feces poured out of the opening. The appendix, including the stone, was removed, the peritoneal cavity cleansed and drained, and the patient did well. On August 11 the gauze was removed, and the wound sutured. On the 20th, the temperature began to go up. On the 25th, there was slight cough but no pain, some slight increase in the area of dullness in the right side, some slight upward increase in the area of hepatic dullness. An aspirating needle introduced in the eighth intercostal space just behind the posterior axillary line, found pus. Next morning, on the 26th, a portion of the eighth rib was removed and a healthy plural cavity opened. A portion of the ninth rib was then removed, and adherent pleura encountered, but no pus and a crepitant lung. A needle introduced through the lung withdrew pus. The lower border of the lung was then perforated at the spot by the cautery, but no pus found. The finger introduced found neither pus nor cavity, and separated the adherent lung from the diaphragm for some distance. In the meantime the patient began to cough, and expectorated about half an ounce of pus. Since that time a moderate discharge of pus has developed through the lung, and an occasional small quantity is expectorated. The patient is still feverish and weak, but has neither symptoms nor local signs, and her abdominal condition is all that could be desired.

It will be noted that the first symptom in this case occurred from 50 to 52 hours after the injury, that operation was performed about 38 hours after the first abdominal symptoms, and that the later symptoms of subphrenic abscess penetrating the pleura occurred about 21 days after the operation.

Here again the foreign body had been in the appendix for a long time (nine years), and a slight blow upon the abdomen was the initial factor in producing a large perforation of the appendix, close to the bowel, with precisely the same result as would have followed had an opening been produced by a shot-gun, stab-wound, or other traumatism, or by an acute or chronic ulceration from within.

Incidentally I may point out that this case is almost unique in the number and variety of unusual and grave pathological conditions. In the first place, the passage of gall-stones is unusual at such an early age; secondly, there is clear demonstration that the large gall-stone must have passed along the gall-ducts into the intestine, as I examined carefully the gall-bladder at the time of operation, and ascertained that nothing in the way of spontaneous anastomosis (if one may use the term) between the