

*Case 9.*—P. G., a girl six years old, had been ill three weeks with the ordinary symptoms of ulcerative appendicitis, and had been under the care of Dr. Pomeroy, of Dresden, with whom I saw her in consultation. Fluctuation could be detected to the right of the linea alba, and an incision opened directly into the abscess, as adhesion to the anterior abdominal wall was quite firm. Recovery was rapid and complete. The appendix was not seen. There has been no relapse.

*Case 10.*—Wm. D., a farmer, æt. 41 years, whom I saw in consultation with Dr. Bullis, of Dresden, on the 29th of May, 1889. He had been ill two weeks with pain in the abdomen—worse over cæcum—fever, vomiting, and great prostration. There was evidence of an abscess, but not clearly marked. Dr. Bullis administered chloroform and I made an incision about two inches from the anterior superior spinous process of the ileum, cutting downwards towards the ramus of the pubic bone. The wall of the abscess was adherent to the anterior abdominal wall, and was opened into directly. Thorough, gentle irrigation through a drainage tube, and frequent dressing, was carried out, and recovery was rapid, although a sinus continued to discharge for a long time. He had an attack about a year before this one from which he got apparently quite well.

*Case 11.*—W. B., a stout man, æt. 30 years, whom I saw in consultation with Dr. Fraser, of Thamesville, on July 16th, 1889. Dr. Fraser was first called to see him on the 7th of June and found him suffering from severe abdominal pain, which was worse in the right inguinal region, where there was great tenderness on pressure. The abdominal muscles were tense; there was considerable tympanitis, and his temperature was 103°. Opiates were given and hot fomentations were applied, and on the following day an oval-shaped tumor could be felt in this region. Leeches were applied and former treatment continued, and during the next ten days the pain and fever gradually subsided, but the tumor increased in size. On the 23rd he had so far improved as to be able to go to Dr. Fraser's office, and although the tumor continued to enlarge until July the 16th, the date of my visit, he had gained in health. The evidence of pus being now clearly marked, Dr. Fraser

opened directly into the pus cavity, the wall of which was adherent to the anterior abdominal wall. A large rubber drainage tube and frequent douching with boracic acid solution constituted the subsequent treatment, and recovery was rapid and complete.

*Case 12.*—J. B., a delicate boy, æt. 10 years, had been taken ill somewhere in Michigan about six weeks before I saw him. The history of the attack was that of appendicitis, but I could not gain accurate information as to the particulars of it. I saw him first on October 2nd, 1889, and discovered a tumor in the right inguinal region which gave indistinct evidence of fluctuation. An incision over the middle of the swelling opened the abscess, and drainage and daily dressing completed the cure in a month. There has been no return of the disease.

*Case 13.*—Mrs. Wm. W., æt. 45, and the mother of three children. I was called to see this patient on the 28th of June, 1889, by her attending physician, Dr. Caron, of Morpeth, and obtained the following history: She had been in good health until the summer of 1887, when she began to feel slight pain in the right hypochondrium, and occasional feelings of malaise and fever. She was treated for malarial fever most of the summer but got no relief, and gradually grew anæmic and weak. In the spring of 1888 she noticed a tumor in the region of the right kidney, and she consulted several medical men in Deiroit and elsewhere during the next ten months. The most experienced of these considered it an enlarged kidney, but did not advise interference with it. I first saw her on the 28th of June, 1889; she was at that time confined to bed; was extremely anæmic; her temperature was normal and her pulse 120. I learned from Dr. Caron that she frequently had slight rise of temperature for a day or two at a time during his attendance on her through the previous four months. She was very much emaciated; her appetite was good at intervals, but indulgence of it was sure to be followed by pain in the bowels, vomiting, and diarrhœa, after which she would be better for a few days. A tumor as large as a double fist occupied the position of the right kidney, extending somewhat lower, towards right inguinal region. It was tender, hard, slightly movable, and she told me that occasionally it became distinctly harder and more