

examining the appendix, quite close to its junction with the cæcum a gangrenous ulcer was seen, which almost severed the appendix from the bowel. The appendix was with difficulty ligated above the ulcer, a piece of the cæcum being pinched up to make the ligature hold; it was then removed at the site of the ulcer. The cavity of the peritoneum was now washed out with boiled water and the wound closed, except at the lower end, through which was introduced a large rubber tube to the bottom of the abscess cavity. Dressing consisted of iodoform and cotton wool, held in place by a couple of strips of rubber plaster.

After the operation the patient had a very restless night, with considerable vomiting and pain. Next day the dressings were changed, being soaked through with the oozing of a bloody serum, and also some bloody serum was withdrawn from the wound by means of a syringe having a piece of tubing attached. Two days after the operation the bowels moved freely. At the end of a week patient was doing well, had very little pain, and no rise of temperature. The discharge from the wound had a distinctly foecal odor, and was yet in some quantity. The stitches were taken out, and near where the drainage tube was the wound gaped considerably, so it was packed with sticky iodoform gauze from the bottom.

From this time the case progressed favorably, a slough the size of a five-cent piece coming away at the end of the second week. The patient was placed on plain full diet at the end of the fourth week, and was then seized with severe colicky pains without rise of temperature. On enquiry it was found that she was constipated, so salines were ordered, but these not relieving the pain she was placed on milk diet, which in a couple of days restored her to her normal condition. Patient was discharged from hospital on the 4th of November; she still had a small sinus at the site of the drainage-tube. I saw her on Wednesday, December 18th, and she had then been back to her work for three weeks; she looked strong and fat, and said she had not the slightest pain. There was still a small shallow sinus at the lower end of the abdominal wound.

In laparotomy for appendicitis the lateral incision is much the