pain present, intestinal indigestion, abdominal fulness and distress, bowels very irregular, general debility and indisposition to work. These symptoms kept on until July last, and, as she was rapidly losing ground, I removed her to hospital. Her temperature on admission was 99, pulse 88, there was slight tenderness and pain over the appendix, which on operation was found to be markedly congested and distended with fluid and adherent to the colon. On removal it was found that a stricture was present at its proximal end, and the appendix was filled with a purulent looking material. Recovery was uneventful. There is no doubt that her impoverished condition during the preceding six months was due to the absorption of fæcal toxins from the appendix, as having had her under observation ever since the operation in July last her condition has been one of perfect health, never having felt better in her life. The case was rather chronic, but the symptoms up to the time of the operation were very indefinite, and it was only the fact of former attacks having occurred made me decide to operate, and the operation proved that the constant absorption of the poisonous contents of the appendix was fast undermining her health, and might at any time have assumed an acute aspect.

Case VI.—S. McF., aged 25, was admitted to hospital January 21st, complaining of pain in the right iliac region. Two days ago she was suddenly seized with a sharp pain in the epigastric region, which lasted till the following day. There were periods of relief, lasting about an hour or more. On the second day the pain shifted to the right iliac region, and has been continuous in character. She vomited four times on the second day of the attack. No history of former attack. On admission January 21st, her temperature was 100, pulse 94. She complained of pain in the right iliac region, some tenderness, well marked dulness, no rigidity or tympanites. She was kept under observation for 36 hours, during which time there was no material change in her condition, the marked dulness being the most characteristic condition found. There had been no vomiting since her admission, her temperature had fallen to normal, her pulse 80, but marked dulness, some tenderness, and pain over McBurney's point. On examination in the region of the appendix, the finger detected a large mass apparently the size of an egg, and on bringing this to view the appendix was found pointing backwards, and the base for one-quarter of its length apparently healthy: the outer three-fourths of the appendix was imbedded in a large mass of inflammatory material, binding it firmly to the posterior surface of the caecum; the whole mass was almost purple in colour, and felt as if there might be some pus towards the centre of this rapidly becoming necrotic mass. On breaking down the adhesions, which were so firm as to require ligature in several places, it was found that pus had not yet formed, nor had the appendix ruptured. The remaining adhesions were tied, the appendix liberated and removed. From the amount of inflammatory exudation and its deep purple colour there is little doubt that this mass would have suppurated or become gangrenous in a short time. My first intention was simply to free any pus that was present, clean out the abcess cavity, and treat the case by drainage. Having entered the mass and