cavity, this rule may be disregarded with advantage to the patient when a foreign body is found in its cavity. Otherwise, although the perforation may heal by granulation, the foreign body which is left is very likely to set up subsequent attacks any one of which may terminate fatally.

CASE 3.—This presents a very small perforation in the centre of an ulcerated area about ⅝ inch in length on the lateral aspect of the organ. The remainder of the mucous membrane was quite healthy and no foreign body was present. There was no evidence of disease of the neighboring cecum or ileum, and no history of tuberculosis or typhoid fever could be obtained.

CASE 4 was a case of catarrhal appendicitis with great general thickening of the whole organ, and a small perforation had occurred about half-way between the base of the appendix and its tip. There was very great thickening of the mesentery, with fatty infiltration.

Dr. E. E. King, in presenting his specimen of appendix gave the following details of the case:

The case was operated on during the attack. The patient had thirteen or fourteen previous attacks. He had refused previous operation but consented reluctantly. The intestines were matted into a large mass involving the appendix. The mass of intestine had to be dissected, and about half drachm of pus was evacuated. It was with great difficulty that the appendix was removed and the first ligature cut through, and no other precaution than simple ligation was applied. The recovery was uninterrupted and the temperature did not rise above 99.2.

Dr. Bruce, in presenting his specimen of appendix, remarked upon the following special features of the case: The patient, a boy of fourteen, had never had an attack before, and this lasted just seventy-two hours. There was only about half an ounce of pus; a small elongated fecal concretion was found. The appendix was about one inch in length and perforated about three-quarters of an inch from its tip. A mass of omentum completely surrounded the appendix. The general peritoneal cavity was shut off by adhesions between omentum and parietal peritoneum.

This series was discussed by Dr. Wm. Oldright, who expected to have presented two appendices removed during this month and which would have been a contrast to those shown to-night, the pathological condition being in inverse proportion to the clinical symptoms. In both these cases the attacks had been frequent and severe, and yet nothing but constrictions in the lumen were found, the operation in each case being between attacks. Dr. Oldright wished to know whether the fecal concretions observed by others were found caminated. He thought