

detected wrong in the chest, or indeed anywhere to account for her death. She had suffered so many years from the attacks of pain and from loss of rest, and also from the indigestion usually seen in these chronic cases that these may have made her an easy prey to any surgical operation. She had taken chloroform a couple of years before her death to have some teeth extracted, and was much prostrated and ill for several hours after. The appendix was bent on itself and was hard, like fibrous tissue. It contained no foreign body, but its lumen was obliterated in two places. There was no tympanitis after the operation, and no evidence of hemorrhage. I have always felt at a loss to account for her death.

CASE V.—Mrs. M., aged 30 years; has had two children, and at the time of her attack was pregnant four months. She had felt a pain in the right iliac region for ten days, but had continued to do some work about the house every day. On the morning of the tenth day, while sweeping the floor, she was suddenly seized with violent pain in the abdomen and sank to the floor. She was lifted into bed and Drs. Wright and Millen, of Wheatley, were called to see her. She was given a hypodermic injection of morphine and was kept very quiet. Dr. Wright, who sent for me, thought it a case of ruptured tubal pregnancy, and as no history of the case could be obtained that threw any light on the attack, this conclusion seemed a reasonable one. I arrived at the patient's house at four o'clock in the afternoon, and about eight hours after the sudden seizure. Her temperature was normal with her pulse 140. She was perfectly quiet from the morphine. The abdomen, which had been larger on the right side in the morning when Dr. Wright arrived, was uniform in appearance when I saw her, and there could be detected distinct fluctuation from fluid that was evenly distributed as she lay in the dorsal position. Uncertain as to the nature of the case it was decided to open the abdomen below the umbilicus, in the median line. As soon as the peritoneum was opened a copious flow of thin watery pus poured out of the wound. I now poured in warm sterilized water at a temperature of about 110° and continued to do so until it returned perfectly clear. I thought it was a suppurating ovarian cyst that had ruptured, but on enlarging the incision I soon found the appendix and brought it out of the wound. It was doubled on itself like a closed pocket knife, and the surface on one side was of an ashy color, as if it had been touched with solid nitrate of silver. I tied it close to the cecum, cut it off, cauterized the end of the stump with pure carbolic acid, closed the abdominal wound and left a glass drainage tube which reached into the pelvis. The uterus was seen extending above the pubes and was of a deep red color and quite soft. To my great surprise and delight this patient made an excellent recovery. The operation was performed on Saturday