ordinary convalescence the symptoms disappearing with the operation. In another case which I operated on last winter, an exceptionally long appendix was found lying upwards by the outside of cæcum and colon. It was bound down by all kinds of adhesions, evidencing former attacks. The patient gave a history of several attacks of pain extending over a period of three years. The pain was often felt in region of right costal cartilage, and on one or two occasions jaundice was present. An examination of the gall bladder during operation showed no evidence of any gall bladder trouble; and since the patient has had no pain or jaundice since, I think it a fair conclusion that the trouble was due to extension of inflammation from appendix to gall bladder.

The Mesentery:—Referring to conditions which tend to lower the vital resisting power of the appendix and thus predispose to appendicitis, I would like to refer briefly to the somewhat mooted part played by the mesentery. Granted that the rather poor blood supply is an element in producing vulnerability of the appendix, it would follow that any condition tending to further limit the blood supply would be a factor in the etiology of the disease. I have no data from observations made on any of my cases that would seem to have any bearing upon this phase of the matter, but I saw three cases two years ago at St. Joseph's Hospital, Glace Bay, that seemed to support the view that the absence of a meso-appendix may have something to do with inducing an attack of the disease. I am indebted to Dr. McDonald for the following case reports:—

Case 1.—Female aged ten years. Became ill with vomiting and diarrhœa at a time when three of family were ill with gastro-intestinal disease. As recovery did not follow she was examined when an appendiceal abscess was diagnosed. This was opened and drained, the appendix being also removed. Appendix had no mesentery.

Case 2.—Brother of above. Developed symptoms of appendicitis and was operated on immediately. A large swollen appendix was found in a nest of adhesions between coils of intestine. No mesentery was present.

Case 3.—Sister of above. Became ill about a month later with vomiting and intense pain and tenderness in right iliac fossa. Operation same day. Catarrhal inflammation of appendix found. No mesentery present.

Diagnosis and Treatment:—In September last a young man, aged 21 years, was attacked with severe pain in abdomen. Woke out of his sleep at three in the morning with this pain, which was soon followed by vomiting. He had worked in the mine the preceding day and, apart from some constipation and impairment of appetite, felt well going to bed. The physician who saw him in the morning found a temperature of 103°, pulse 120, pain and tenderness all over abdomen, greater in right iliac fossa. He was vomiting. A history of previous attacks of abdominal pain which had been variously diagnosed as acute indigestion, cramps, etc., was obtained. The patient was thought to be suffering from appendicitis and was sent to the hospital a distance of eight miles. I saw him in the evening fifteen hours from the beginning of attack. Temperature 104, very rapid pulse and abdomen distended, and tender all over. He was vomiting and had severe pain. I thought his condition alarming enough to render delay inadvisable, and contrary to my intention of waiting until next day, I had him prepared at once for operation. On opening the abdomen I found pus free