

son to remain in bed. I explained the serious nature of appendicitis to the father and enjoined absolute rest in bed, sending him opium to relieve the pain and instructing him to use hot poultices over the painful region. On the 10th his father returned to say that his son was very much better and that he wished to get up and go about as usual again, but in the evening sudden severe pain came on, and then for the first time the family thought it necessary to have him visited. Dr. McKeough went and found him partially collapsed, temperature sub-normal, pain very severe, abdomen distended and tender. He was given opium to relieve pain, but never rallied, dying on the following day. No autopsy could be obtained, but the history of the case leaves little doubt that there had been rupture of a perityphlitic abscess. Laparotomy after rupture is almost a forlorn hope, and when Dr. McKeough saw him it was in the night, and a long distance from the town; before assistance and instruments could have been obtained he was moribund.

*Case 6.*—Louis C., a very strong farmer, æt. 40 years, was first visited on December 20th, 1884, when it was found that he had been complaining of pain in the bowels for a week, but had not been confined to his bed. Examination showed pain in bowels, worse in right iliac fossa, symptoms of general peritonitis, constipation, and a temperature of  $101^{\circ}$ ; his pulse was good, and 86 to the minute. There was a good deal of tympanitis, and the whole abdomen was tender. No hardness could be felt, but his symptoms pointed to inflammation about the cæcum, and the treatment was directed accordingly. His condition seemed to improve until the 24th, when he got out of bed to shut a window, and while walking across the room felt something give way in his right inguinal region. He became collapsed immediately and died in about four hours. No autopsy was made.

*Case 7.*—Miss H., æt. 14 years, was a patient of Dr. Tye, with whom I saw her in consultation, and who gave me a history of the attack. She had been ill about a week with the usual symptoms of perityphlitis, but had apparently been improving, and the acute symptoms of pain and tenderness had abated a good deal, and the fever had also disappeared, when about four o'clock a.m. on March 29th, 1889, she felt a

sudden pain as from rupture of something in the abdomen, and she immediately became collapsed, and on the afternoon of the same day, when I saw her, she was moribund, and died four hours after. No autopsy was made.

*Case 8.*—Frank B., a blacksmith, æt. 47, of good family and personal history. Attack began on August 9th, 1886, with vomiting and purging, headache, and general malaise. Dr. McKeough saw him first on the 12th, and found his pulse 80, temperature  $99.6^{\circ}$ , tongue coated, and pain in the back and limbs. On the 14th his pulse was 89, temperature  $101^{\circ}$ , and he complained of soreness over the whole abdomen, which was slightly tympanitic. On the 16th his pulse was 80, temperature  $102^{\circ}$ , bowels had moved spontaneously every day. Has been taking quinine in antiperiodic doses for five days. 20th: Since the 16th his temperature has varied from  $100^{\circ}$  to  $103^{\circ}$ , and the pulse has never exceeded 90. To-day there is great pain on the upper and inner part of the right thigh, especially where the femoral sheath emerges from beneath Poupart's ligament. There is some tympanitis, but no localized hardness, and the right thigh is flexed, as in typhlitis. 26th: The pain and tenderness in the thigh are less, but it is swollen to nearly twice the size of the left thigh. There are none of the ordinary signs of abscess in the iliac fossa, neither tenderness, swelling, nor hardness; temperature  $100^{\circ}$  to  $102^{\circ}$ , pulse 80. September 12th: On examining the limb to-day, a tumor as large as a small orange was found on the inner side of the thigh, about the junction of the upper with the middle third; it contained gas and some solid matter, and on elevating the limb and making pressure these contents returned into the abdomen with a gurgling noise. The diagnosis, which until now had been in doubt, became clear; perforative ulceration of the cæcum, or upper part of the appendix, had resulted in a fæcal abscess, which had burrowed downwards and escaped beneath Poupart's ligament into the femoral tissue. Pressure, by means of absorbent cotton, along the track of the abscess, and a bandage firmly applied from the foot to the body, with elevation of the limb, constituted the subsequent treatment, and it was entirely successful. He improved steadily and was able to resume work early in December.