

At the time of visit she presented the following appearance: A strong, muscular girl, with bright complexion; dorsal decubitus; legs drawn up; face pinched and expressive of the greatest suffering; great tenderness and pain over right iliac fossa, which extends towards the right breast and up the back of the chest; pulse 120, small and hard; respirations hurried and shallow (30); temperature, morning  $99.4^{\circ}$ , evening  $100.8^{\circ}$ . The bowels have not moved for several days. On admission an enema had been administered, opium was given, and fomentations applied.

Next day the condition was much worse. Pain and tenderness general over the whole abdomen. Dr. Shepherd was now called in."

I saw the patient, at Dr. MacDonnell's request, at mid-day, September 14th, 1889. She was suffering from well-marked symptoms of appendicitis. We both decided it was a case for operation, and without further loss of time the patient was put under ether. On examination, no tumor could be made out in the right iliac fossa, but there was a distinct sense of resistance. After thoroughly cleansing the abdominal walls, an incision was made in the right iliac region some four inches in length. The incision made was the usual curved one, the centre being a little internal to the anterior superior spinous process of the ilium. After cutting through the abdominal wall, the peritoneum could not be distinguished, but a mass of inflammatory tissue and omentum appeared; this was carefully pulled aside, and in doing so a small stinking abscess containing a few drachms of pus was evacuated. The appendix was now searched for, and was somewhat difficult to find. The first structures that came into view were some coils of small intestine and the right Fallopian tube. After some little search, which was complicated by the condition of the parts, the appendix was found, somewhat larger than normal, coiled up beneath the cæcum and imbedded in a mass of inflammatory tissue. Cautiously separating it preparatory to applying a ligature, an abscess behind the cæcum containing several ounces of stinking pus was evacuated, a portion of which escaped into the general peritoneal cavity. On