tured at the angle and gangrenous. Many adhesions were present, binding the appendix to the surrounding tissues. The caecal wall in the neighborhood of the adhesions was highly inflamed and almost purple in colour; considerable pus was present. The appendix was removed, parts dusted with iodoform, and a large iodoform gauze drain packed around the caecum. Patient was discharged July 5th, having quite recovered. In this case the illness dated from three days previously, the pain was localized, but not severe, and even intermittent. There was no vomiting, but simply a feeling of nausea. The temperature, while under observation, was only a fraction over 100, and the pulse ranging between 78 and 90. There was distinct dulness over the appendix. Thus the slightness of the symptoms, and short duration of the attack, would hardly lead one to expect to find such a grave condition of affairs, a gangrenous appendix, perforated, and a caecal wall acutely inflamed.

Case III.—Mr. T., aged 29, was admitted to hospital, June 12th, suffering from pain in the iliac region. For some years he had been subject to similar attacks of pain, which passed away in a few days under household measures. The present attack failed to do so, and for the first time a doctor was called in. Two days before he was suddenly seized with pain and severe vomiting, since which time the pain had been constant. On admission to hospital he had a temperature of 102, pulse 98, complaining of weakness and nausea, but no pain. The following day his temperature was 98 3-5, pulse 76, occasionally attempts at vomiting, pain and tenderness in the right iliac region, and some slight distention of the abdomen. At 12 o'clock that day, 3rd, he was operated on, and on opening the abdomen, commencing general peritonitis was found, pus having oozed through the peritoneum as soon as it was incised. There were numerous recent adhesions and some old ones in the region of the appendix. The appendix itself was gangrenous and the colon in its neighborhood was fast becoming so. The appendix was removed, parts carefully dried and dusted with iodoform, iodoform gauze packed freely around the stump, and a large gauze drainage left in the wound. The patient, contrary to my expectation, made an uneventful recovery, and was discharged cured 23 days afterwards. This case was more serious in its aspect, but certainly the man's condition would hardly have led one to suspect general peritonitis and a gangerous appendix.

Case IV.—Mrs. B., aged 24, had several slight attacks of appendicitis which always yielded to hot fomentations. The present attack began Monday, December 12th, with acute pain over the appendix, tenderness and vomiting. On the 14th she was removed to hospital, and on admission her temperature was 99 2-5, pulse, 100, nausea was present and she had tenderness over the appendix. I operated that day, and found numerous adhesions, the appendix almost gangrenous, distended with pus, and on examining it later it was found that it was on the point of rupturing.

Case V.—Miss E., aged 24, had always enjoyed good health up to one year ago, when she had her first attack of appendicitis. Three months later she had her second. Both attacks were slight. Since then she has been almost an invalid, unable to stand exertion, more or less abdominal