

RESTLESSNESS was marked in four of the cases.

TUMOUR was made out only in two cases ; in one of these from the rectum ; in the rest, rigidity prevented proper palpation.

DISTENSION, generalised, was present in nine, and absent in one.

VOMITING was present in all cases, and in a majority was marked.

CONSTIPATION during the attack was present in four cases ; in four it was definitely absent ; in two, not mentioned.

DIARRHOEA during the attack was not present in any case.

COSTAL RESPIRATION was noted in six cases ; not mentioned in four.

URINARY DISTURBANCE was found in two cases ; in one retention, previous to operation ; in the other, albuminuria with casts, and considerable frequency.

CHILL was rare ; it was noted only in two cases.

CATHARTICS—There is a history of the exhibition of cathartics in eight cases. In one case an exacerbation of symptoms and probable perforation followed a saline purge. In the others no definite connection could be traced between the cathartic and perforation. In some, certainly, the cathartic was given after perforation had occurred.

LAPSE OF TIME BETWEEN ONSET AND OPERATION—In one case, 26 hours ; in two cases, 24 to 48 hours ; in two cases, 48 to 72 hours ; in two cases, on 4th day ; in one case, on 6th day ; in one case, on 7th day ; in one case, on 16th day.

In the one case that recovered 72 hours had elapsed since onset.

In six cases the perforation may be said to have been primary from the appendix ; in two it was probably secondary from a pre-existing abscess ; and in two the point is doubtful.

The peritonitis in all cases but one was of the sero-purulent form ; in one case it was of a plastic character, with more or less delimited collections of thick greenish pus here and there between the coils of bowel.

TIME OF DEATH—One case was moribund before operation, and died on leaving the table. One died ten hours after operation ; one 50 hours ; two 68 hours ; one 72 hours ; one 88 hours ; one 96 hours, and one 106 hours after operation.

COMPLICATIONS—None, except nephritis in one case.

In conclusion, I wish to express my thanks to Dr. Bell and Dr. Garrow, in whose services the above cases occurred, for their kind permission to make use of this material ; to Dr. Bell also for advice and assistance in the preparation of the report. And I would further express my indebtedness to Dr. Keenan and Roy, by whom a majority of the case reports were compiled, and to Drs. Bradley and Brown to whom I owe the pathological data.