

tonitis. Certain to die speedily without surgical relief, he was given the chance of laparotomy. Nothing but peritonitis was discovered. This was afterward found to have resulted from a perforation of the appendix."

It is probable that abscess rarely occurs until after perforation, which may be regarded as the direct cause of it. Inflammation of small surfaces of the peritoneum with adhesions, however, often supervene, as well as probably some degree of cellular inflammation, without perforation.

The mortality from appendicitis, considering the frequency of the disease, cannot be regarded as great. The mortality from those cases eventuating in perforation of the appendix, however, is great, since this is the condition that leads to induration and extra-peritoneal abscess, and to acute severe local peritonitis and intra-peritoneal abscess, or to general peritonitis. The general peritonitis means almost sure death, and the abscess, wherever it is and however well it may appear to be surrounded by protecting plastic deposits, is a constant menace to life, as abundantly shown by its spontaneous opening into the abdominal cavity, the venous canals, the bladder, and the chest cavity, as well as externally and into the intestinal canal.

In view of these considerations, it is of the highest moment that we should be able, if possible, to distinguish the mild from the grave cases. One-fourth at least of all post-mortems show recoveries from previously existing inflammation, or other diseases of the appendix, and probably 15 per cent. show recoveries from peri-appendicitis. The duty and aim of the doctor must be to determine, clinically, if possible, the cases that form this vast class and commit them strictly to medical treatment, while he insists on surgery for those that lead to death directly, or to the hazardous results of abscess. Can this determination be made with certainty?

The diagnosis of perityphlitis is usually easy. Localized pain, sometimes masked early by pain elsewhere, often in the epigastrium, and by vomiting; more especially, localized tenderness; soon some evidence, both by palpation and percussion, of tumefaction in the cæcal region; possibly pain in this region on flex-