Several mesenteric glands were removed with the intestine. Some of these reached 1.5 cm. in diameter. On histological examination these show typical tubercles, some sections of which contain four or five giant cells. The tuberculous process in the lymph glands has here and there advanced to caseation.

The following points merit attention in this case:

1. The total absence of definite symptoms until a few hours before operation.
2. The presence of symptoms identical with those of acute appendicitis.
3. Marked contraction of the stricture.
4. The advisability of always exploring the right renal pocket in all cases in which there is free purulent fluid in the pelvis.

As seen from the history, the patient had practically no symptoms until about five hours before operation, and then there was moderate pain over the appendix, accompanied by rigidity of the right rectus.

Examination of the blood showed a total absence of eosinophiles. The only way in which we can account for the lack of symptoms is that for some reason there occurred an acute contraction of the stricture, which, up to this time, had permitted the free passage of feces. The possible existence of such a condition supplies another indication for early operation whenever trouble exists in the appendiceal region. Already peritonitis had developed, although the symptoms had existed for so short a time; and had we delayed until morning there would have been little chance of saving the patient.

After having removed the appendix and wiped the pus from the pelvis, the abdominal cavity appeared normal, and I probably should not have explored the right renal pocket had I not been familiar with the renal work of Max Broedel, who has shown clearly that where there is a free accumulation of fluid in the region of the appendix that by gravity it will travel down into the right renal fossa.

I should have preferred lateral anastomosis, but we were forced to make an end-to-end union on account of tension.