cæcum, colon, duodenum, *ilium* or stomach, as well as to perforation of the appendix cæci, or to exposure to cold, or to the presence of renal disease, (Brights' kidney), or to the extension of disease from the ovaries, etc.

Fortunately these two classes are very rare.

3. The third class of cases, those in which there are the symptoms of obstructed bowels, without those of inflammation, the constipation not yielding to rather active purgatives, and symptoms of acute peritonitis suddenly setting in, cannot, in my opinion, be distinguished from cases of *obstruction*, dependent upon twisting of the intestines, incarceration of them by false membranes, holes in the mesentery, malformations of the omentum, etc.; reduction of the calibre of the bowels by chronic structural diseases, or perhaps spasmodic or simple over distension and enlargement of the colon etc.*

It was to this class that our patients' case belonged, in her the symptoms were nearly those of ordinary obstruction, there was slight abdominal pain, unyielding constipation and occasional emesis, but neither flushed face, hot skin, quick sharp hard pulse, nor decided abdominal tenderness, and these circumstances together with the short period she was under my observation, extenuate at least, if they do not excuse my referring the symptoms to obstruction of the bowels with probably slight enteritis, rather than to destructive inflammation of the appendix vermiformis. However, from what I have read on the subject, I am disposed to regard such cases as Bridget D.'s as of very rare occurrence.

4. The fourth class of cases, those in which together with the symptoms of obstructed bowels there is a fixed severe pain in the right iliac fossa, and the yielding of the bowels to purgatives is not followed by striking and *permanent* relief, may be known for *mere obstruction* of the bowel, the condition with which it is most likely to be confounded, chiefly by the following circumstances,—the pain begins at and occupies the natural situation of the appendix, it is often quite circumscribed—and deep pressure may elicit tenderness and detect perhaps a fullness or even tumour there, and lastly and chiefly the evacuation of the bowels by purgatives and general treatment, is not followed by permanent relief the pain and other symptoms continue and advance, or if temporarily relieved return speedily in their former violence.

Now, intestinal obstruction is not necessarily situated in the right iliac fossa, and the evacuation of the bowels by medicine is followed by immediate, and, as a general rule, permanent relief. Moreover, the consti-

* See case by Dr. Banks, Dublin Quar. Jour., new series, Vol. 1, p. 235.