vertebræ previously unsuspected. Recovery from section normal, fistula not disturbed; patient has remained in excellent health since the operation, now nine months.

CASE II.—Miss S., aged 21, never robust, had two sisters died from some pulmonary trouble, probably phthisis, but could not give any definite tubercular history: heart and lungs sound. For several days had complained of pain in abdomen and soreness upon pressure, temp. ran about 100, distinct circumscribed dulness over appendix; pulse below 100. Patient gave history of several similar attacks. Diagnosis of subacute appendicitis. Operation, peritoneum presented similar appearance to previous case, appendix contracted to a fibrous band which almost encircled a caseous gland more than an inch in diameter. The retroperitoneal glands were also greatly enlarged, the appendages normal. Recovery from operation varied only by a stitch abscess. Patient gradually gained strength, and after eight months enjoys excellent health.

In Case I, we may consider the peritoneal invasion as secondary. In Case II, that of primary, however in each case the symptoms pointed appendixward, the diagnosis made and the operation undertaken for the same. Tubercular histories are often wanting during the excitement of an acute trouble, and at all times most difficult to obtain: in fact, it seems as hard for the patient and friends to tell a straight story as it is for the tubercle-burdened peritoneum to give a symptom or any combination of symptoms upon which an approximately definite diagnosis might be founded. I remember in student days Dr. Temple stating his reasons why he thought a certain case of obscure abdominal disease was tuberculous. "It can't be anything else: therefore, gentlemen, it must be tubercular:" and he was right. This method of exclusion is about the only one by which we may expect to diagnose this condition which above all "presents a symptom-complex of extraordinary diversity." However, it is fortunate that a procedure based upon a faulty diagnosis may not be an unmixed evil. With the exception of rare forms of malignant disease the careful surgeon rarely need open the abdomen to no purpose. The scope of the exploratory incision is daily being circumscribed. The interpretation of nature's request for surgical assistance is an easy matter compared to the definition of the pathological condition, and whoso attempts surgery in this region should be "duly and truly prepared, worthy and well qualified," so that the abdomen may not be closed after an unsuccessful attempt, and an experienced operator wired for to complete the operation the following day.