and some vomiting. A consultation a day or two later discovered simply the evidences of mild general peritonitis; there was neither much fever, pain, tenderness nor prostration, and the tenderness was localized in the lower zone of the abdomen, and to the same degree on either side. There was moderate tympanites, but no dulness on percussion. He was somewhat under the influence of opiates. He continued in much the same condition for nearly a week, when the symptoms suddenly became worse, collapse soon appeared, and death in a few hours. The autopsy revealed a fresh general peritonitis, a peritonitis of longer standing localized about the appendix, the intestines glued together by thick, plastic deposits, a pocket of pus, with fæcal matter, by the side of the appendix, and the latter perforated at its junction with the cæcum. The steps in the case were appendicitis, ulceration, perforation, extrusion of fæcal particles, localized peritonitis and abscess, extension of the poison and the process to the general peritoneal cavity, general peritonitis and death."

Many cases of supposed intestinal obstruction, such as intussusception and volvulus, with some evidence of inflammation, are instances of peritonitis from perforation of the appendix, or of abscess due to previous inflammation of the appendix and its results. The fallacious theory that is often held is that an obstruction has occurred, which in a few hours has developed inflammation. A case in my own hospital service well illustrates this error:

"A youth of less than 20 years walked into the hospital from a cab at the curbstone, complaining of pain in the abdomen. He said he had been sick for several days with this pain to such a degree that he could not lie down, but must sit in bed bent forward. His friends said it had been impossible at times to keep him in bed, his suffering was so great. The sickness had, it was declared, come on suddenly, and he had repeatedly vomited. After his arrival he vomited yellowish fluid having a stercoraceous odor. He had considerable fever, a pulse of 130, a tense abdomen, and a look of desperate sickness. A consultation with my surgical colleague, Dr. Graham, resulted in the conclusion that the case was probably one of obstruction followed by peri-