all cases, and the 3rd, though nearly always fatal, demands a surgical operation as the only rational plan of treatment.

The recurrences in the 1st class of cases may assume the characters of any form of the disease in the above mentioned classification, and all such cases demand surgical treatment for no other reason than that of their being recurrent.

In connection with this useful division of the different forms of appendicitis, and as bearing upon its correctness as a guide in practice, I may cite the following history of a case lately under my care:

In the month of June, 1893, I was called to see a strong, healthy, robust man, 26 years of age, and found him suffering from an attack of appendicitis. As the patient lived some ten miles from any medical assistance, and as the symptoms were very acute, I had him removed into the city, in order that I might watch him more closely. In a very few days the treatment being salines internally, small doses of opium to relieve excessive pain and poultices to the affected part—the trouble passed away, leaving no trace of its ever having existed. Patient continued well until February of the present year, when he was suddenly seized with a return of all the old symptoms. This attack pursued a somewhat lengthened course, and after about two weeks the temperature had fallen to the normal and convalescence seemed to be at hand.

A month later, when I saw the patient, there was still a tumor on the right iliac forsa of about the size of an orange. More or less pain was always present: sometimes very severe, requiring morphia for its relief. In walking, the patient bent his body forwards, and his step was shorter with the right leg than with the left. There was a general feeling of malaise, with a gradual and continuous loss of flesh. I now proposed to the patient the advisability of submitting to an operation, which would, in all probability, remove the cause of his trouble, and deliver him from the almost certain recurrence of another, and possibly fatal, attack.

The operation for the removal of the diseased appendix, or the evacuation of a collection of pus in the region of the ovecum, was performed on the 15th day of April, 1894, or about six weeks after the onset of the last attack. The usual incision was made over McBurney's tender point, half way between the umbilicus and the anterior spine of the ilium.

The tumor was reached, and found to be so immovable and so intimately adherent to the coils of the intestine and to the parietal peritoneum, that any attempt at reaching the appendix could not be made without the exercise of undue violence to the adherent parts. The incision was then extended upwards, and the outer edge of the wound forcibly drawn over towards the anterior spine of the ilium. After locating the abscess cavity by the appearance of a drop of pus in the incision, the parietal peritoneum and fascia on the inner side of the wound were stitched with fine catgut to the surface of the indinated mass. This was done with the view of preventing the escape of pus into the abdominal cavity. The septic cavity contained about a tablespoonful of pus, some offensive smelling gas and the remains of the necrotic appendix. The pus was evacuated and the cavity thoroughly curetted and disinfected. A drain of iodoform gauze was inserted into the wound. For several days there was a copious purulent discharge, which gradually ceased. The patient made an uninterrupted recovery, and was discharged well in four weeks after the operation. Since that time he has enjoyed perfect health, with no trace of the disease remaining.

In these, his atttacks of appendicitis, the first two classes in the division of the disease, as above set forth, are illustrated. The first attack was a simple inflammation, ending in recovery. The second went on to perforation of the appendix, and a septic focus formed, which was walled off from the general cavity by a mass of plastic exudate. The one great truth that this case seems to emphasize is, the undoubted importance of surgical intervention in at least some forms of appendicitis. As a matter of secondary importance, it has taught me that in operating on such cases, where there is a plastic exudation of any considerable amount, the primary incision should always be made as close as possible to the anterior spinous process of the ilium. The absence of peritoneum on the under surface of the ovecum, and the distance of the wound thus made from any of the important viscera, renders the surgeon's manipulations much more easy and much more dangerous.