

*Class IV.*—

In which the appendix is perforated, and there is more or less localised peritonitis with abscess.

*Class V.*—

In which there is general septic peritonitis, following perforation of the appendix, or following septic lymphangitis from a non-perforated appendix.

It is seen, therefore, that mild inflammation with absence of pus, the retention of pus, total rapid gangrene and perforation, are taken as the main pathological landmarks to be kept in view in the clinical consideration of any case. That the classes I, III, IV and V, represent definitely separated pathological conditions, which in the main correspond to definite separable clinical phenomena, will, I think, be generally allowed. The *raison d'être* of class II, is more doubtful. The pathological entity is certainly definite. That it causes, however, symptoms which enable it to be diagnosed clinically is perhaps not generally allowed, and the examples of the condition in this series are too few and the clinical signs in these too incomplete to afford more than slight indications in any direction. Nevertheless it is included in the classification in the hope and belief that larger statistics may bring to light clinical symptoms which can be considered as more or less characteristic of the lesion.

“Ulcerative” appendicitis, which appears in so many classifications, finds no place in the present one because, though it is certainly often the remote cause of definite symptoms—cicatricial stenosis, perforation, etc.—it cannot be said to cause symptoms peculiar to itself, symptoms which enable it to be diagnosed clinically.

It is evidently out of the question to draw conclusions of a far reaching nature concerning such points in the disease as are debatable upon the basis of comparatively so few cases. Statistics of this nature are of value mainly as a contribution to a much larger body of facts which are needed for the study of clinical details. It may, however, be permitted to draw attention to a few of the points which are boldly stated below.

With regard to age, although a very decided majority of the total number of cases came under observation during the age-decennium of 20 to 30, many of these dated their first attack back to that of 10 to 20. Patients come under hospital observation comparatively rarely during a first attack.

In the series of 70 case-reports the question of previous attacks is mentioned in all but three, in all of these with two exceptions the patients had had such. It is noteworthy that these two exceptions