

With the removal of the offending substance the sinus closes. I have seen one instance in which the sinus closed spontaneously, without operation, after it had discharged for seven years; others have closed, under like conditions, after two or three years. To effectually treat the persisting sinus which will not yield to simple measures the area of the appendix must be exposed, that structure removed, and a careful search made for an escaped concretion.

The recurring abscesses show great variation in the manner of their appearing. The original collection of pus is evacuated and drained; the wound heals; after a varying period of time, the patient has pain and tenderness in the part with fever and constipation; a second abscess appears, and is promptly opened.

In a few examples the trouble entirely ends with the healing of the second abscess. In the majority of instances the abscesses are frequently repeated. I have known the abscess appear ten times before the patient was dealt with by a radical operation. The second abscess may appear within a week or so of the first, or, on the other hand, it may not become evident for months.

The following example will show the uncertain progress of these cases. A gentleman, aged 46, had his first attack of appendicitis in June, 1895. An abscess formed and was incised. The wound closed in five months, and the patient made a good recovery. In June, 1896, a second abscess appeared. It was opened, and the wound closed in fourteen days. A third abscess appeared in July, 1897, and here again the incision closed in fourteen days. On no occasion was the appendix or a concretion met with. With the exception of a ventral hernia the patient now remained well and, so far as I know, had no further trouble in the iliac fossa.

There can be little doubt but that the relapsing abscess is due almost without exception to the retention of a diseased appendix or a concretion, and that the condition can only be satisfactorily treated by removing these causes of offence.

In a few instances there is no apparent abscess, but in its place a troublesome inflammatory mass in the iliac fossa or pelvis. One example of this will suffice: A man, aged 28, had his first attack of appendicitis when he was 20. During his second attack, eight years, later, a large abscess formed and burst into the rectum. The patient made a good recovery and remained perfectly well for five months. He then began to complain of a dull pain in the right iliac fossa and rectum, with fever and constipation. He became very ill and wasted. The pelvis was found to be almost filled with a hard inflammatory mass. In four weeks this