

3rd Group. The symptoms and cause very much those of ordinary intestinal obstruction: thus pain in the right ilio, inguinal or supra-pubic region; nausea, vomiting, constipation, some abdominal fulness; absence of all inflammatory symptoms as indicated by the pulse, countenance, skin, and state of abdomen; the constipation does not yield to rather active purgatives and enemata; suddenly, symptoms of peritonitis, with collapse and death in 24 hours.

My own case illustrates this group.

4th Group. Same features as last, except that pain is more marked and more fixed in right iliac fossa, and the bowels yield to active purgatives, but the relief is only temporary, and slight in degree; suddenly the symptoms of peritonitis, early collapse, and speedy death.

Illustrated by Dr. Nelson's case.

" " Dr. Burnes' 7th case, Med. Chir. Trans., vol. xv, p. 224.

" " Dr. Marsh's case, Dublin Med. Journal, vol. 18, p. 387.

5th Group. Symptoms and signs of local circumscribed inflammation in the right iliac fossa; (pain, tenderness and fulness there; hot skin, quick, small pulse; vomiting and constipation;) these succeeded by gradual sinking and death, a distinct, deep-seated tumour forming or not in the right iliac fossa; or, by recovery, abscess forming and opening internally, or more rarely, externally.

Illustrated by Dr. Burnes' 6th, 8th, and 13th cases, Lib. Cit., 20th vol., p. 226, and vol. 22, p. 47.

" " Dr. Carter's case.

" " Dr. Ogier Ward's case, Med. Times and Gaz., April, 1855, p. 353.

6th Group. Same invasion and progress as last, except that *suddenly* there are symptoms and signs of *extension* of the inflammation over the *general* peritoneum, and death is accelerated.

Illustrated by Dr. Burnes' 15th case, Lib. Cit., vol. 22, p. 55.

" " Dr. Law's case, Dublin Med. Journal, vol. 18, p. 336.

" " Dr. Paterson's case, " " vol. 26, p. 412.

*Diagnosis.*—As regards the diagnosis of this affection, inflammation, ulceration, and perforation of the appendix vermiformis—it is quite obvious that in the first class of cases in which the symptoms are latent throughout, mere collapse preceding death, as in the example related by Prof. Holmes, no correct opinion can be formed.

2. The second class, where there is an absence of all evidence of intestinal derangement, until the sudden irruption of the symptoms of intense peritonitis is also beyond the reach of positive diagnosis, the sudden outbreak of the general peritonitis may be referred to perforation of the