patients who have been suffering from these indefinite symptoms are suddenly seized with the symptoms of acute general peritonitis the diagnosis is usually readily made and a correct conclusion as to the nature of the previous ill health is arrived at. Such a sudden attack is usually ushered in with a chill, accompanied by pain and this pain extends, perhaps, over the whole abdomen. The pain is not, however, necessarily severe, and, in some cases, is almost entirely absent; vomiting comes on and the pulse rapidly rises to 120, 130 or more. The patient's countenance becomes anxious, he is prostrate with shock and looks very ill. The temperature soon begins to rise and the thermometer registers perhaps 102 and 103 degrees. If the pain is severe the breathing is chiefly thoracic, the knees are drawn up and the abdominal muscles are tense. The bowels may move two or three times and then they usually become constipated. The pain that was at first general may now become localized in the right iliac region. Rigidity of the right rectus muscle may be noticed, although no distinct mass can be made out by abdominal palpation, unless, perhaps, under the influence of an anæsthetic or by examination through the rectum. A point may be found, at which a tenderness will be noticed to be greater upon deep pressure than the tenderness evinced by pressure on the surrounding parts. This has been given by McBurney as a distinct aid to diagnosis, and has been located by him at a point about one and one-half inches from the anterior superior process of the ilium towards the umbilicus, on the right side. It is not claimed by McBurney as a constant sign, but when it does occur it is of distinct value. The tongue now becomes coated and in a short time it may be dry and brown, or dry and reddish and glazed.

If the disease progresses, goes from bad to worse, the vomiting continues and is uncontrollable, the pulse increases in rapidity and the temperature may either rise or fall or may even remain about normal. Abdominal distention is not always present, because the patient may die before the disease has continued long enough to permit of the formation of any great quantity of intestinal flatus. If the patient survives this period the distention produces a great deal of discomfort. When very pronounced it usually indicates the death of the patient. The intellect, in such cases, usually remains clear.

If, however, instead of going from bad to worse the patient improves, the pulse slowly drops to about 120 and then drops, in another twenty-four hours, to 100 per minute, the temperature may either remain elevated for several days or may drop to normal, and the tenderness will become localized. On careful palpation a boggy feeling mass may now, perhaps be felt in the neighborhood of the appendix. When this is found and the temperature remains elevated for many days a localized encysted abscess of the peritoneum usually forms. If the temperature drops within a few days the case frequently terminates without pus formation. I believe this more frequently happens in children than in adults. I have felt, in children, a great amount of brawny hardness in the neighborhood of the appendix and have found this hardness disappear gradually without pus formation.

When abscess forms on the right side flexion of the right thigh is often found. This also occurs in cases of pelvic abscess originating from other causes. Many of the cases of appendicitis with sudden severe symptoms will closely resemble cases of irritant poison, also cases of intestinal obstruction. In some cases the symptoms may be very obscure, they may point to a formation of an abscess in the liver, and the case may be diagnosed as one of abscess of the liver, and yet, at the *post mortem* examination the appendix will be found to be the seat of the original lesion. Disturbance of micturition is sometimes noted during the first three days after the occurrence of the perforation. The patient will complain of pain in making water; he will probably be forced to make it oftener during the first and second day after perforation, and, as the inflammation proceeds, micturition will become painful. Retention of urine, in such cases, or difficulty in passing it, is generally due to the administration of opium.

The percussion note over a collection of pus is not necessarily a dull note, because gas is frequently found in these fæcal abscesses. In some of the worst cases, the cases most rapidly fatal, no tumefaction can be anywhere felt in the abdominal cavity, either by external palpation or by bi-manual examination through the rectum or vagina. Such cases when operated upon by exploratory incision for the purpose of diagnosis will become