

the result of a comparison of the pathological findings in the operated cases with the corresponding case reports. The possible value of such a report must lie mainly in the direction of advancing clinical knowledge, must help towards the end of accuracy in diagnosis. Any advance, however, in systematized clinical knowledge must be made along the lines of types elaborated in details. These types—in any disease the pathology of which is at all definitely known—must be primarily pathological and secondly clinical. That is, working backwards from the pathological findings to clinical data, we seek by induction to establish classes in which frequently recurring pathological lesions correspond—if not in all cases, at least in a large majority—with frequently recurring clinical signs and symptoms. And when we have enough of the particulars we shall be able to lay down definitely the general.

Advance, therefore, lies in the amassing of a large body of reliable particulars and their analysis in thorough and elaborate case reports; in careful cross examination of the patient as to details, and in a rigid comparison of these clinical data with subsequent operation findings. These are the trite, every day, almost instinctive principles of every observer, but they have need of being kept prominently in mind in analysing any series of hospital cases, and must form the basis of classification for such cases.

Upon these lines, therefore, the following classification^{*} was devised. It is confessedly incomplete, inasmuch as it embraces only such cases as occurred in the hospital surgical service during the year, leaving out of account the specific inflammatory affections,—tuberculous, typhoid, actinomycotic—of which we had no examples.

Thus :—

Class I.—

The appendix enlarged and often twisted, kinked, or strictured; the mucosa swollen; the walls thickened; there may be small submucosal hæmorrhages, innocuous concretions, or even slight ulceration; and there may be adhesions externally.*

Class II.—

In which the appendix, with or without the lesions of Class I., is distended with pus, the mucosa ulcerated, and the serosa and meso-appendix are inflamed.

Class III.—

In which the appendix is gangrenous, in whole or in large part; but without perforation.

* The term catarrhal has been frequently employed—in a very general and rather loose way—to designate a majority of the cases of this class.