

impression that some tissue change had taken place, and the fact that rigidity in the abdominal walls was more marked on the affected side than on the other led me to view the condition with a degree of suspicion, although the actual position of hardness was a little lower down than McBurney's point. For fully three days the temperature was over 102° F., on which account suppuration would not be an unlikely result. June 7, the right shoulder, elbow, and wrist joints exhibited well defined symptoms of acute articular rheumatism, these parts being painful on pressure swollen, and moved with difficulty. Just in proportion as these almost outside rheumatic conditions developed, the abdominal symptoms actually lessened in intensity, and on the 10th the entire features of the case evidenced a marked change for the better, no relapse being experienced whatever.

The question very naturally arises, What was the attack, and how developed? True, the recognition of appendicitis is not all that is needed.

In this case, almost from the first, there was a localised pain, associated with tenderness over the region of the right iliac fossa and ascending colon, with well defined swelling, and for days the pain was so severe that it was increased at once by coughing or deep inspiration, and the almost constant desire was to elevate both knees to relieve suffering. For days, also, there was entire inability to take nourishment, owing to attacks of vomiting. The bowels were frequently injected with warm linseed tea, which afforded a degree of nourishment as well as a clearing of the contents from the canal.

In this case I concluded there was lodgment of undigested material in the caecum, and most likely induced by inability to assimilate the food, owing to deflected nerve-power from over-mental strain, as is frequently the case in our schools and universities at the present day. In the ordinary avocations of life we can trace the operation of like results, interfering seriously with the very principles of sanguinification and blood change.

The next question is, How is rheumatism associated with perityphlitis? True, the essential cause of rheumatism is still a doubted point. Errors in diet, as an aetiological factor, have much to do with the production of both gout and rheu-