

patient cannot be safe so long as an abscess is present in the neighborhood of the cæcum, but the danger is in proportion to the size of the abscess. Some portion of the cæcum must generally form a part of the abscess wall, hence the liability of rupture into this canal and into the peritoneal cavity. In a case seen by the writer in consultation with Dr. J. B. Murphy, a perityphlitic abscess had undoubtedly existed for a year, since the date of a previous illness in which there were dull pain and fever for several weeks. The abscess ruptured into the abdominal cavity while the patient was scrubbing a floor; peritonitis rapidly supervened; a circumscribed large peritoneal abscess formed, which was opened by Dr. Murphy, and a quart of pus evacuated. This case also exemplifies the large induration developing rapidly already referred to. The apparently small difference between cases sure to die without operation and those likely to recover without it, as well as the difficulty in finding the line of duty in management, is shown in the two cases that follow:

“D. F. G., aged 14 years, robust and active, went hunting on April 30, 1881, and became very tired. The whole of the next day he felt fatigued.

*May 2nd.*—Felt a little better, but had a mild diarrhoea; next day more diarrhoea, pain, and slight tenderness on pressure in the cæcal region. *4th*—I was called and found the diarrhoea better, but still some pain and tenderness at the point mentioned; pulse was 100 and temperature 101°F. *5th*—Patient was improved; slight tumefaction in the cæcal region; pulse 100 and temperature 101.7°F. *6th*—No pain; tenderness less; pulse 100, temperature 99°F. *7th*—Temperature 99°F. There had been no increase in respiration rate, and the patient felt convalescent. The next day at 11 p.m. a piercing pain was felt in the lower abdomen at the right side, lasting only a few minutes. Some tenderness was found soon afterward, but no tympanites; the pulse was 100 and small, temperature 98.5°F.; respiration 20. Collapse came on in six hours, pulse was 150, temperature 98.5°F., and death in four hours more. It was found, post mortem, that perforation of the appendix had led to an intra