the uterine adnexa. Clado described an appendicular ovarian peritoneal fold as being constantly present, and considers that that this carries the lymphatics from one to the other. Lafforgue, however, finds it in only twenty per cent. of the bodies examined. In two of Vinay's cases the appendicitis was due to spread of the infection from the uterus. In the first there was post puerperal infection, which lighted up old appendicular mischief. The appendix was resected with the right tube and ovary. In the other case, a primipara with a history of membranous colitis, there was hemorrhagic metritis due to retention of placental tissue with subsequent appendicitis.

Pinard reports a case of abortion in appendicitis, where the child died very rapidly as a result of direct infection.

It would be interesting to know how the infection passes from one organ to the other. Surely it could not pass along the lymphatics both ways, unless it be in cases where the appendix is attached to the uterine structures.

Late cases of appendicitis with abscess formation are most unfortunate when the uterus forms one wall of the abscess cavity. All appreciate how important it is to preserve the integrity of the walls of the abscess cavity so as to prevent extrusion of the pus into the peritoneum, but the contraction of the uterus in abortion or labor, or the gradual growth of the uterus during pregnancy may so alter the relations of the structures involved that the walls of the abscess may rupture and pus escape into the free peritoneum with fatal results. This is a source of anxiety after operations in these cases when labor pains threaten.

*Diagnosis:*—The diagnosis of this condition is difficult for many reasons. A uterine tumor of variable size filling the pelvic and abdominal region offers resistance and prevents palpation. The abdominal muscles are on the stretch, rendering it difficult to estimate the amount of guard tension. The intestines are pushed up so much, that in one case reported by Mixter, the appendix was found at the lower end of the kidney. In the case reported to-day, the original pain was located as high as the edge of the liver, and in two days as over the bladder. Great difficulty is experienced in working out the outlines of an appendical tumor. Abraham declares however that there is always a certain uniformity in the symptomology differing only in the severity of its expression.

1. Almost always a history of constipation.
2. The sudden onset of acute abdominal pain, especially severe in the right iliac fossa.
3. The subsidence of the diffuse pain and its localization over the region of the appendix.
4. Vomiting.