is set up which saves the general peritoneal cavity from infection. In both cases a walled-off abscess is the result, which may rupture later into the general peritoneal cavity, into the bowel or bladder, or into the vagina; unless the patient has the good fortune to consult a doctor who advises immediate removal of the dangerous and now useless organ.

We find the same colicy pains in two other tubes having a mucous membrane and muscular walls, namely the ureter, which carries urine from the kidney to the bladder, and the common bile duct, which carries bile from the gall bladder and liver to the intestine. These pains may be due to the obstruction caused by catarrhal swelling of the mucous membrane, or to a stone, which is the result of allowing the secretions to become so thick as to precipitate their saturated solutions of salt.

The colicy pain in all three cases is due to the same thing, namely, the frantic efforts of these respective tubes to push along an obstacle which is larger than the tube.

Then there is the colic of the colon, from which all colics derive their name, due to a kink in the ascending, transverse or descending colon, although in this case the obstruction is itself due to a spasm and not to a stricture and the contents, instead of being a concretion, are generally liquids or gases, and which are soon forced onward. In all of these cases the pain is severe, and in the case of the vermiform appendix and the fallopian tube should be cured by operation without delay; while in the case of renal stones and gall stones, although an operation is not so urgent, yet delay in operating greatly increases the difficulty and danger.

I have mentioned these other forms of colic while speaking of appendical colic, because it becomes important to recognize the possibility of their existence and also their resemblance when diagnosing a case of appendicitis, for it is sometimes almost impossible to tell which of these organs is the cause of the pain. Such for instance was the following case