the condition of the appendix in 280 post-mortem examinations, and found that in 42 cases (15 per cent.) there were evidences, in adhesions or otherwise, of peri-appendicitis from which the patient had recovered. Cases of existing inflammation were not counted. So in Chicago, among people who find their way into the County Hospital, fifteen in every hundred have had inflammation of the peritoneal surface of the appendix or the connective tissues posterior to it or both, and have recovered. These figures are not inconsistent with the records of Toft, since he observed all diseases of the appendix both inside and out, while Hektoen only recorded cases showing inflammation of the outside of the appendix, and which had recovered.

While primary inflammation of the cœcum is unusual, its secondary involvement from appendicitis and resulting perityphlitis or circumscribed peritonitis is doubtless common.

It must be extremely unusual for the execum to be primarily attacked, except when irritated by foreign bodies from within. Even in such cases it is rare for perforation to occur, this process usually beginning from without, when a perityphlitic abscess opens into the execum.

The vast majority of cases of so-called typhlitis and perityphlitis begin as appendicitis; the tissues of and about the execum become inflamed secondarily and usually as a result of perforation of the appendix. These two pathological conditions are often confounded; probably in most instances perityphlitis is the term to use. It is not the inflammation of the execum that is usually a menace to life, but that of the cellular tissue and peritoneum which so often leads to induration and to abscess with its manifold dangers of spontaneous opening in perilous directions.

Probably failure of free evacuation of the appendix is the first step in the causation of its commonest inflammation. The moment its contents are unduly retained harmful decomposition begins, deposits of lime salts occur upon retained fæcal matter, if such is present, and enteroliths are formed which press too hard on the swollen and tense mucous membrane, which finally yields in the weakest spot, and an ulcer is present. Only occa-