pus about the appendix, which was not walled off from the general peritoneal cavity, and the patient died. And still another type existed of which he had recently had three cases, two of which were operated on; they were old cases with frequent recurring attacks, with indefinite symptoms in the intervals, and were finally stricken with an attack distinctly septicæmic, and in which, at the operation or autopsy, burrowing abscesses were found, generally in the pelvis. The simplest type of the disease is that in which the inflammatory area is cut off from the general peritoneal cavity by adhesions between the neighboring coils of small intestines, and such cases should always do well after operation. From these cases he felt disposed to recognize at least four distinct types of appendicitis.

DR. SHEPHERD related the history of a case, under the care of Dr. Blackader, upon whom he had operated after the fourth attack, and the patient died of pulmonary embolism. Here there had been no septic condition, no peritonitis, normal pulse and temperature, so that, as far as he could see, the cause of the thrombus was not septic. Another fatal case was in a young man of 18, on whom the operation was performed forty-eight hours after the commencement of the attack. A remarkable feature of the case was the size of the appendix, which was over seven inches long; it was gangrenous and bound down by firm adhesions. There was also a gangrenous patch on the lower end of the cæcum, but not a drop of pus was seen. The operation did not relieve the patient, who was already profoundly septic, as evidenced by the incessant bloody vomit. Now, in this case, if operation had been performed in the interval, the patient's life would no doubt have been saved. The conditions are in most cases more favorable for operation than during an acute inflammatory attack.

DR. ENGLAND had seen two virulent cases; both were recognized early, and in one case operation was performed on the third day by Dr. Roddick, but terminated fatally on the fourth. In the first case the onset was insidious, the patient suffering from wandering pains in the abdomen for two days before seeking advice. When first seen he had a pulse of 84, temperature 106, and localized tenderness over the cæcum; the next day there was beginning a general peritonitis. Dr. Armstrong was called in consultation and advised immediate operation, the condition then being good. No decision was arrived at by the patient until the afternoon, when another consultant was asked for, who thought it would be well to wait and treat the patient medicinally; this was done, but on the seventh day of the attack the patient was seized with collapse, and died. Towards the end operation was solicited, but it was then deemed too late. These two cases are of the virulent type. Both patients were in excellent health beforehand, and operation seemed to have been their only chance. It is very difficult to tell at the onset whether a case is going to be of a mild or virulent character.

DR. WILKINS related the history of a fatal case. A young man of 17 complained slightly of pains over the region of the cæcum. Four grains of opium for the twenty-four hours were ordered, which relieved the pain, and for the next few days he was quite free from it. On the first day his temperature had been 1020, and on the second 980. He remained well until the sixth day, when he was seized with sudden pain accompanied by slight tenderness. Dr. Wilkins advised calling a surgeon in consultation, but the parents objected, so he temporized, giving two grains of opium in two days; during this time the temperature had been 980, but the pulse began to run up. On the eighth day there was a rapid pulse, vomiting, and a condition approaching that of collapse. Drs. Ross and Roddick then saw the patient, but thought that it was too late to operate. An important point was the absence of all serious symptoms up to twelve hours before death, when probably some adhesions had given way. From his experience in this case, Dr. Wilkins doubted the advisability of giving way to parents and postponing consultation. About the same time he had under his care a young man of 28, who had four attacks within the space of three years. Early in the last attack operation was advised, but both parents and friends objected, and palliative measures were used. During five or six weeks there were symptoms pointing to the absorption of pus, but the patient recovered, though the symptoms were much more severe than in the first case. These cases indicate the great difficulty in knowing the exact course the disease will take. At present there is in the hospital a girl, aged 21, who has a history of symptoms which point clinically to appendicitis; there had been well marked pain in the region of the umbilicus, with swelling and tenderness of the abdomen. She had had rigors, sweating, and rapid pulse, all of which symptoms are now disappearing, and recovery is almost certain to take place. If he saw a case beginning suddenly, and with no history of a previous attack, he would give full doses of opium for the first twenty-four hours; it keeps the bowels at rest, but after that time obscures the symptoms.

DR. BELL supplemented Dr. Wilkins' hospital case by a few remarks. When he saw her she had undoubted general peritonitis. She had a large quantity of albumen in her urine, and over the left hypochondriac region certain frictions due to peristalsis of the bowel could be heard. As there was no evidence of a localized