normal to 90°. Tenderness and thickening now situated more in the right inguinal and lumbar regions, but with a tendency to lessen daily.

The case seemed to progress satisfactorily until about August 9th, when I became suspicious of the formation of a perityphlitic abscess, although there had been no chill or increased temperature or pulse—nothing but a small, well-defined tumor, which gradually enlarged until the morning of August 11th. I operated opening and draining a large abscess, which, by this time, was larger than an ordinary tea-cup. After the operation the temperature dropped to normal, and patient made a steady and uninterrupted recovery, so well, indeed, that he was able to leave for his home in Duluth on the 31st inst.

The peculiar features of this case were these:

- 1. In the beginning of the case there was absolutely no pain or tenderness where the thickening and abscess subsequently formed.
- 2. The enormous fecal accumulation in intestines with no inconvenience to patient until attack.
- 3. No chill; no hectic fever; no sweats; little pain; pulse, 70 to 85; temperature. 99% to normal during formation of abscess.