to 103 degrees F. These attacks laid her up for from three to seven days. They ceased and never reappeared again. From the patient's account it would appear that the operation wound had suppurated.

In the cases of hepatic colic there is no doubt but that gall stones and a diseased appendix coexisted. On two occasions I have removed the appendix and evacuated the gall bladder at one operation, but through two incisions. It is not always easy to diagnose hepatic colic from certain acute disturbances in the appendix. That an operation in certain of these instances may fail to relieve the patient is not improbable. One must remember, also, in connection with these cases what extensive disease may be found in an appendix which has never given the patient the least trouble.

It is easy to imagine a case in which the attacks are due to gall stones, but in which marked tenderness in the iliac fossa leads to the diagnosis of mischief in the appendix. The appendix is removed, its walls are thickened, and its mucous membrane is ulcerated. It has caused no symptoms except the one of local tenderness, and the patient continues to have attacks as badly as before.

The case associated with renal calculus was as follows : A young man of 22 had for two years been liable to attacks of pain in the right iliac fossa, with vomiting and fever. On the last attack, which was one of definite appendicitis, a tender swelling developed in the region of the appendix. The appendix was removed. It was adherent, was bent acutely upon itself, and was full of muco-pus. After the operation, the patient continued to have precisely similar attacks to the number of eight or nine in the year. In these outbreaks there was no fever and no iliac swelling. It was not until these attacks had persisted for four years that the kidney was suspected to be the seat of the trouble. The gland was cut down upon, a calculus discovered and removed. The attacks, which had now lasted for seven years, at once ceased. The two operations were therefore unavoidable.

A case, given by Messrs. Battle and Corner, may here be quoted in illustration of this point : "A boy was said to have had twenty attacks of appendicitis, and when operated on the appendix was normal, but there was an oxalate of lime calculus, the size of a marble, in the pelvis of the right kidney."

In the two examples in which the "attacks" were of the nature of colic, there is little doubt but that the paroxysms of pain were due to adhesions.

In the present series are five cases in which a tender mass appeared in the right iliac fossa some time after the operation. It occasioned