

health and in full possession of their bodily strength. It is self-evident that such an individual is far more able to endure, not only the exhaustive effect of the disease, but also the shock of an operation, than is one who has passed through a long period of exhausting disease. The outlook for success after operation is in the former most favorable.

A further noteworthy peculiarity in appendix peritonitis is dependent upon the anatomical relations of this portion of the intestines. For instance, if there is a perforation in any part of the small intestine, the free motion of this portion of the alimentary tract causes wide distribution of the intestinal contents, so that the infection of the peritoneum becomes at once general. The appendix, however, is far less movable than the small intestine or even the stomach itself; therefore, its contents, even if discharged, will be found only in the portion of peritoneum immediately circumjacent. It can also be readily seen that a much smaller quantity of septic matter can escape from an opening in the appendix than where the bowel itself is wounded.

Clinical facts strongly confirm the truth of these propositions, since in no portion of the abdominal cavity is local peritonitis more common than in the right iliac region.

In considering the inflammation of the peritoneum under discussion, a knowledge of the two forms described by Mikulicz is of great importance. Mikulicz states that upon perforation of the bowel, either the whole peritoneal cavity is at once infected, or the peritoneum lying immediately about the perforation is alone involved. The first form of general inflammation he calls diffuse septic peritonitis. This is characterized by a virulent course. The second form he names progressive fibrino-purulent peritonitis; in this the suppurative process slowly extends, the new masses of pus becoming successively encapsulated. From an operative standpoint, a distinction between these two different forms of peritonitis is of cardinal importance, since in the first an extensive opening of the belly, with elaborate disinfection and drainage, is indicated; while in the second every precaution must be taken not to disturb the adhesions which protect the general peritoneal cavity from the local process.

Another most important point in the consideration of appendix peritonitis, is the fact that the diagnosis is usually