

lumen may be obliterated at some point, and a cystic enlargement of the part beyond be found. I have removed such an appendix.

It has been said that many people who are constipated and who eat seeds in abundance escape from diseases of the appendix; this may, perhaps, be explained by the fact that constipation exists. If diarrhoea existed in such patients the motion passing through the ilio-cæcal valve would be more liable to allow the foreign bodies, by virtue of their weight, to drop into the cæcum, but a constipated motion would be more liable to carry on these foreign bodies into the colon, and, in this way, act as a protection to the patient. We are recommended to give large quantities of mashed potato to children who swallow coins in order that the coin may be incorporated in the mass of potato and carried on into the small intestine.

Appendicitis has been found to occur more frequently in children than in adults. I imagine that this is just a survival of the fittest. The children who have appendices with patent mouths and who are allowed to eat the seeds of all kinds of fruit are not as likely to reach adult age as those children who have an appendix with a small lumen. The middle third of the appendix has been found sloughed through without any evident gangrene of the tip. In such cases I suppose the blood is supplied to the tip by the mesentery beyond the seat of the obstruction, and the tension of the wall of the appendix at the seat of impaction has been very great. The appendix has been found filled with pus. Many cases have been recorded in which no foreign bodies have been found.

At the time of operation or during a *post moriem* examination, a foreign body may be very easily overlooked. They are frequently lost in the pus, and, in such cases, can only be found, even at a *post mortem* examination, after a thorough and systematic search. On one occasion I saw a professional gentleman make a *post mortem* examination on a case of abscess in the neighborhood of the appendix in which he was unable to find any foreign bodies. He was just about to close up the abdomen with the idea that no foreign bodies were present, but one or two who were standing by insisted on a little closer search, and, at some distance from the original perforation, several grape seeds were found lying free in the abdominal

cavity. No other perforation except that in the appendix could be found.

I have often thought of the similarity and of the dissimilarity that exists between an appendix imbedded in adhesions and a fallopian tube filled with pus and bound down in a similar way. I find that others have also thought of this similarity of the two conditions. An appendix when filled with pus and fixed by adhesions is very closely allied to a fallopian tube filled with pus and fixed by adhesions. The walls of such an appendix rarely become thick, the walls of such a fallopian tube frequently become very thick. Such an appendix filled with pus has no fimbriated end through which a leak is liable to occur from time to time. Such an appendix can only leak through some small perforation of its wall, and, when such a perforation does occur, and nature shuts off by adhesions a small portion of the peritoneum in which such pus is pent up, and the knife of the surgeon gives vent to such pus through the abdominal wall, a cure is likely to result.

*Etiology.*—The etiology of the disease can be best explained by referring to the pathological conditions found. Age seems to have some influence in its production, because it is certainly more frequently found in youth than in adult or old age. Fitz, from his investigations, says that fifty per cent. of the cases were under twenty years of age. The youngest case recorded by him was that of a child ten months old. The disease may, however, be found at three different periods of life. Among my own cases I have seen it in a boy of little over three years old, and I have to-night to show three cases operated upon at different periods of life. One of them, a girl eleven years old, one a young man about twenty-six years of age, and one an old man sixty-six years of age. In the little girl the first attack was the last one, that is, up to the present time; in the young man the first attack was the last one; in the old man a period of fifteen years intervened between the attack for which operation was required and the attack previous.

It has been said that the disease occurs more frequently in boys than in girls; why this should be so it is difficult for us to explain. Whether errors of diet have any great influence in the production of the disease or not is a disputed point. It is now generally believed that it is unwise to eat grape seeds, orange pits, bird shot or, any of the