medical treatment, yet tend to recur again and again until the patient succumbs to an attack more serious than its predecessors. If then we could be enabled to establish a diagnosis in these different forms of disease at a reasonablly early period, we would certainly be possessed of important data for our guidance in the future conduct of the case. Let us then for a moment look at some of the pathological conditions underlying the different forms of the disease to which I have referred, and the more prominent symptoms resulting therefrom.

The first form of the disease, namely, that comparatively mild variety which tends toward uninterrupted recovery under medical treatment, is probably in the vast majority of cases associated with accumulated masses of hardened fæces in the cæcum as the primary causative factor. These should never be looked upon as cases of appendicitis, but I wish to include them here (1) because I believe they are not infrequently so diagnosed and (2) because such a cause may give rise to true inflammation of the mucous membrane of the appendix, which, once the cause is removed readily recovers without ulceration. Outside the symptoms of this condition there are at least two reasons for this conclusion both necessarily of a negative nature. (1) Statistics show that in nearly every instance when an operation has been deemed necessary the appendix has been found to be involved rather than the cæcum. (2) If in these mild cases the appendix be the part primarily involved (through the effect of fæcal accretion or foreign body lodged therein) then it is a mystery to me how merely medical treatment can so readily effect a cure. Remember the muscular coat of the appendix is but poorly developed, and the tendency of a foreign body lodged within the process would always be toward ulceration and perforation, and not removed by the natural opening into the cæcum by vermicular action.

Granting then that the cæcum is the seat of trouble in these milder cases, what symptoms would we expect to accompany such leison? A large, irregular, somewhat ovid tumor in the right iliac region, usually not well defined by rectal touch, doughly in feel rather than hard, present from the outset of the disease with no distinct *point* of tenderness but a tender area of considerable dimensions; pain and temperature not so extreme as in true appendicitis, and the former not so liable to radiate to other points; a history of constipation and scibilous fæces, and usually of some grave indiscretion of diet. This class of cases may be confidently left in the hands of the physician.

There is another cause that may sometimes underlie these easily cured cases, viz., the sudden twisting or bending of the process upon itself owing to the movements of the cæcum. This may produce a slight inflammation of the partially occluded appendix, which may subside in a short time without involving the serous covering, the appendix having righted itself again under the influence of a saline. These attacks are very sudden in onset and subsidence, the pain is colicky, and there is no evidence of tumor.

The second class of cases to which I have referred, presents a very different problem for solution. Here the progress of the disease is toward suppuration. The cause of this condition is usually the lodgement of an enterolith or a foreign body in the appendix with occasional cases (which we shall not now consider) resulting from extension of the typhoid or tuberculous ulceration in the neighboring intestine. Such a case is frequently ushered in by a rigor followed by high temperature; a point of maximum tenderness may be early localized; the pain is sharp and radiating to thigh, testicle or bladder; the tumor appears later in the disease; when deeply located may usually be outlined per rectum, is oblong and indurated, later becoming softer, and follows the course of the appendix. Vomiting is often a distressing symptom, and later the indications of pus formation present themselves. No history of constipation is necessarily made out. While these symptoms appear to the mind as the logical sequence of the pathological conditions underlying this form of disease, and while clinically they are in many cases quite sufficiently obvious to be conclusive, yet I cannot too strongly urge the fact that some cases of perforative appendicitis begin and progress most insidiously, and that the attendant should be unwavering in his watchfulness of all local and constitutional conditions, and be prepared at all times for immediate operation.

In this form of disease surgical interference is of course called for. The two debatable questions are, (1) When; (2) How to operate.