

that it might prove a case of gout, of which there were well defined results, such as tissue thickening about the tarsus and heels of both feet, owing to the deposition of gouty material during past years. The fingers in both hands showed also evidences of disturbed chemistry in the system, resulting in gouty thickening in and about various joints. The bowels, though at once relieved by an enema, still continued painful. Linseed poultices were freely applied, sprinkled with chloroform liniment, and tablets of sulphate of morphia freely administered, to relieve the intense suffering, which was so acute as to almost prohibit the most moderate bed-clothing. Salicylate of lithia and lithia water were freely given, as soon as admissible, and the bowels were frequently washed out with warm water, which almost played the part of an internal poultice. The pulse and temperature continued high for fully five days, when both gradually lessened in intensity, and about the sixth day pain was complained of in both feet, particularly about the toes, but not by any means as severe as in the marked metastasis after the attack of pneumonic gout.

At this date there was a marked amelioration in the entire character of the symptoms, the abdomen became more flaccid and much less painful on pressure, and the decidedly caky area in the ileo-caecal region gradually parted with its suspicious indications. McBurney's appendix point was for days an interesting and instructive lookout, until rendered less attractive by the evident outcome of metastatic gouty action. Undoubtedly there was well marked and circumscribed induration in the ileo-caecal area. The precise condition or character of this induration was difficult to define, and yet the rapid change consequent on metastatic action pointed to gouty deposition in or about the region of the appendix, so peculiar and transitory in its manifestations. At the end of three weeks an excellent recovery was made, and since that date there has been no recurrence of intestinal trouble.

CASE III.—RHEUMATIC PERITYPHLITIS.—Miss T., twelve years of age, vigorous and robust habit of body, conformation regular, and organs, as a whole, normal prior to the present attack. Of a highly nervous temperament, but usually enjoyed excellent health and spirits. June 1, 1893, complained of pain and sense of uneasiness in her feet, with a general feeling of systemic irritability. June 3, was suddenly seized with severe pain in the bowels, but more particularly in and about the ileo-caecal region, where tenderness on pressure was most marked. Fully two days prior to June 1, a sense of heat and feverishness was experienced, and prior to being under my charge. Temperature, 102.5° F., and pulse, 120. The bowels were at once washed out by a warm-water enema, which afforded much relief. Hot linseed poultices applied, and placed on milk diet and an aconite mixture. From June 2 to 8 the pain experienced over the bowels was very considerable, and the tenderness so severe that coughing or stretching of the legs increased the pain in a most marked manner. Turpentine enemata also afforded considerable relief. June 4, there was a decided hardness on moderate pressure over the ileo-caecal region, which gave one the