

become formed around the seat of the ulceration. Looking at the frequency with which concretions might take place within the vermiform appendix, and the numerous instances of recovery after peri-typhlitis which had been recorded, he thought we ought to pause before considering such a serious measure as operation, and be quite sure that recovery in any other way was impossible.

Mr. Howard Marsh urged the importance of early recognition in these cases. He fully agreed with Dr. Mahomed in the advisability of operating in such cases, and he believed that in course of time the operation would become a recognised practice. He pointed out the possibility of the anatomical relation of the vermiform appendix varying with respect to the peritoneum. The first step in diagnosis must be to determine this relation. He mentioned a case lately seen in which perforation of vermiform appendix was not found when it had been diagnosed.

Mr. Bryant believed that the operation suggested by Dr. Mahomed was the best that could be devised in such cases. He thought, however, that an exact diagnosis of the position of the vermiform appendix was not possible. The inflammation generally begins in the connective tissue around the vermiform appendix; in other cases the ulceration is in the cæcum itself and spreads around it. Suppuration may occur and pus may burrow its way in all directions, in which case the result is almost always fatal sooner or later. He thought that the practice of early incision was right, and mentioned three cases in which pus had been evacuated by this means. The diagnosis was not difficult on the whole, but he thought that a very valuable symptom, that of pain in the course of the anterior crural nerve, was not sufficiently recognized. In one suspected case he had found that by using forced extension, pain was produced in the inflamed cæcum, thus indicating the seat of lesion. He should have occasion elsewhere to refer to this subject, but suggested that this question of early operative interference in peri-typhlitis should be seriously considered.

Mr. Christopher Heath thought that the diagnosis of perforation of the vermiform appendix outside the peritoneum was