

nal), constipation, etc., may act as causes ; apparently, these are but secondary aids. It has been said that pressure of concretions causes necrosis, and so excites inflammation with perforation. It is doubtful whether this is possible. There is always an acute inflammation when perforation occurs, and much greater pressure than that of a concretion may be long continued without any such result. Moreover, perforation may happen without the presence of any concretion. No doubt foreign bodies, concretions, etc., may modify tissue to such an extent as to permit of the lodgment of organisms.

Amongst the organisms most commonly found as occurring in connection with appendicitis are the tubercle bacillus, the typhoid bacillus, and the bacillus coli communis.

The germ most frequently found, both in peri-appendical and general peritoneal inflammation, is the bacillus coli communis ; *e.g.*, Hodenpyl records it as found in thirty-four out of thirty-five cases ; a streptococcus alone in one case ; bacillus pyogenes foetidus along with bacillus coli communis in one case ; streptococcus pyogenes with bacillus coli communis in one case. In ten cases the contents of the normal abdominal cavity gave no cultures ; in one, bacillus coli communis.

To secure a negative result, the examination must be made soon after death, since the non-resistant dead tissues permit the easy passage of micro-organisms through the bowel walls.