

by a single instance, that localized peritonitis or perityphlitis arise from impaction of fæces in the cæcum. "I must therefore prefer to use the term inflammation of the appendix or appendicitis, and give up, once and for all, the terms perityphlitis, paratyphlitis, extra-peritoneal abscess, etc., as misleading, and not valuable except in explanation of secondary pathological processes. All abscesses originating in inflammation of the appendix are intra-peritoneal. Inflammatory adhesions which glue together the adjacent coils of intestine prevent the contents of the abscess from flowing into the pelvis or among the intestinal folds. At every point the pus is bounded by peritoneum.

When the operation is done at an early stage of the disease there is no difficulty in demonstrating that the collection of pus is intra-peritoneal. In all the cases observed there was acute peritonitis—usually a plastic peritonitis of greater or less extent—always involving the cæcum and generally the adjacent intestinal coils and abdominal walls. In one case the omentum was quite extensively involved, partly enveloping the appendix. In no case was the appendix more than lightly attached by adhesion to the peritoneum, covering the iliac muscles, and in none was extra-peritoneal inflammation observed, excepting sometimes in the anterior abdominal wall. In most cases some pus was found more or less confined by adhesions within a limited area, and in one absolutely no adhesion of any kind existed, though the appendix was perforated by concretion, and very foul pus filled the pelvis and ran freely upwards beside the colon.

The pathological conditions of the appendix, as compared with the symptoms, most positively show that one cannot with accuracy determine from the symptoms the extent and severity of the disease.

Pain to a greater or less extent is always present in all cases of appendicitis, but many a mistake has been made, and a golden opportunity lost, by looking for pain in the iliac fossa, and an absence of pain in other parts of the abdomen. In the first few hours of the attack the abdominal pain is general, but after that period it becomes more and more evident that the chief seat of pain is in the right iliac fossa, and the general pain then usually subsides.