Burney's point is of much clinical value. As a rule, however, if a healthy man is taken with sudden severe pain in the abdomen, together with rapid rise of temperature, he is suffering from an attack of appendicitis. In a woman the matter is somewhat different. Here we have the fallopian tubes continuous with the interior of the uterine cavity; they are very liable to inflammatory disease; such inflammatory disease on the right side will closely stimulate inflammation of the vermiform appendix. Acute inflammation of the peritoneum, in a large majority of cases, originates either in perforation of the vermiform appendix or from inflamed fallopian tubes.

Examination through the rectum is of great value in many cases. When the appendix occupies a deep position in the pelvis induration can be made out better through the rectum than through the abdominal wall. A diseased appendix may, however, be present in the abdomen and avoid detection during either single handed or bimanual palpation.

PROGRESS.

It is an amazing fact that patients may go around with a perforated appendix. A business man may be suffering from an ulcer of the cæcum and an abscess in its neighborhood and may suffer from no particular inconvenience. He will, perhaps, feel tired and chilly. After some sudden exertion has torn down adhesions, and has caused an escape of pus into the general cavity of the peritoneum. he becomes very ill. One of my patients was a man who rode into town every morning. He felt poorly for two or three days. Jumping down from his wagon one morning he noticed a sudden pain in the abdomen, but went all the way to town and back, and in three days he was dead. A large pocket of pus was found that had ruptured into the peritoneal cavity; an ulcer of the cæcum was also present, together with a perforated appendix. *I have met with one case in which a small ulcer of the cæcum existed, and the appendix was apparently in a healthy condition.* The previous attacks had, however, all the symptoms of attacks of appendicitis. A second perforation was only prevented by the adhesions of the ulcer to the abdominal wall. In a short time, no doubt, these adhesions would have given way as a natural consequence of the reparative process, and the ulcer would have again become pervious.

I have met with femoral phlebitis as an accompaniment of appendicitis. There is no doubt a form of the disease in which the veins of the mesentery of the appendix are inflamed, and septic material is poured into the blood in a large quantity; as a