

Suppuration sometimes takes place among the muscles after blows on the abdominal walls, but most generally it extends from some of the viscera within, as in Hepatic cœcal or Psoas abscesses.

It will be noticed that the diagnosis of the case lay between cœcitis, and a simple collection of matter in the abdominal wall, having no communication whatever with the cœcum.

During its early portion it was a matter of extreme difficulty to determine which it was, and I may add that it is of no small moment to decide as soon as possible on the nature of such a case, as on it depends, either a favorable or an unfavorable Prognosis.

For although the early symptoms are so similar, I need hardly mention that the terminations of both are nearly as dis-similar.

It may be asked, have we any distinct symptom, which is likely to lead us to form a correct opinion in parallel cases?

During the management of this case, two points inclined and strengthened my belief in forming a favorable prognosis from the commencement. I allude to the functions of defecation and respiration. Daily this man's bowels were evacuated, and the slightest abnormal respiration, or action of the abdominal muscles materially aggravated all his sufferings.

Now although sometimes inflammation of the Cœcum is attended by diarrhœa in the commencement, and is consequent through continuity of mucous membrane in dysentery, still constipation attends most usually the largest majority of these cases.

This can be easily explained, the mucous membrane of the cœcum becomes congested, its secretions altered, the feces adhere to it, the muscular coat becomes paralysed and unable to propel forward its contents, which constitute a tumour on palpation.

The mechanical distension sometimes by its pressure leading to pain in the loins, or in the course of the last dorsal or genito crural nerve, the pain extending over the dorsum of the ilium, or into the groin or testicle in the male, and in women interfering with the proper functions of the uterus and ovaries.

Hence if we have a case of phlegmonoid inflammation in this region, where the intestinal evacuations are daily performed, with an absence of pain in the loins, the dorsum of the ilium, the hip or testicle in the male, or ovaries and uterus in the female, which the anatomical situation of the cœcum generally points out as consequent on inflammation of it; coats, when fecal distension is its cause, we may incline to the diagnosis of matter *within* the abdominal parietes, and consequently hold out in the early portion of the disease a favorable termination in the majority