does not tend to increase in size after first day or two, and it is fixed. It may be felt by finger in rectum. An anæsthetic facilitates examination. In all active stages McBurney's point is painful on pressure.

The suppurative type is as a rule ushered in suddenly by a rigour, sharply followed by more or less evidence of shock, acute pain and fever. While shock lasts the pulse is rapid and feeble, but when it passes off the pulse for a time becomes full and non-compressible. The lump may be felt at end of first day, and *tends to increase* in size, at times with great rapidity. The temperature chart shows decided fluctuations of an irregular character indicating more or less septic poisoning. Owing to intestinal adhesions we may have all the symptoms of bowel obstruction, though faecal vomiting is extremely uncommon.

When the appendix is long and lies away from the normal situation and the trouble arises in the distal end, the diagnosis is extremely difficult and often impossible.

Typhlitis is excluded by the less severity of the symptoms, the history of chronic constipation, and the presence from the first of a doughy, sausage-shaped mass in lumbar region. In it the chief seat of pain lies above McBurney's point; the temperature seldom rises above 101 F.; and a successful enema is generally followed by complete subsidence of the symptoms.

The extremely rare and severe forms of typhlitis due to perforation of caecum by foreign body, cannot be diagnosticated from appendicitis.

The history and vaginal examination in women will enable you to discriminate between appendicitis and the local forms of peritonitis caused by disease of pelvic organs.

Treatment.—At the onset, and for days after the acute symptoms have entirely passed off, the patient should be kept at rest in bed; just sufficient morphia given, preferably hypodermically, to allay pain and restlessness; and the diet restricted to those articles of food which are concentrated, free from indigestible particles and easily assimilated. Even the most suitable food at first should be given very sparingly indeed. Cold or hot applications tend to enhance the effect of the opiate. After the first twenty-four hours, if the pain has moderated a suitable enema will often hasten recovery. The opiate is of course to be repeated when necessary. Under this method of treatment the majority of cases will recover, even though a mass of considerable extent exists in the groin.

Calomel in one-tenth grain doses, frequently repeated, has lately been highly recommended by some, but I fail to see what indication it fulfils, and in certain conditions its action would be harmful.

When rigour and shock are prominent features of initial symptoms, or in any case when the disease, in spite of a fair trial of treatment, tends to becomes aggravated, with marked and irregular variations of temperature, and the lump in groin increasing in size, you cannot in justice to your patient rely on medicinal agents; nothing short of surgery will afford reasonable hope for recovery.

As a general rule operative procedure is seldom necessary before the third or fourth day, often later. In those terrible examples, fortunately exceedingly rare, in which either there are no protective adhesions, or where the primary abscess ruptures early, an operation in order to be successful must be done within a few hours of the attack.

The indications for treatment of recurrent and relapsing cases are, at the time of the attack, practically the same as stated above; but occasionally in the former and almost always in the latter, during the interval or quiescent stage, an operation with a view to remove the appendix is in conformity with good surgery. However, there is a point