

mation of the appendix of long standing. It is seen, therefore, that the mortality in all but the gravest type of appendicitis is nil ; all the clean cases, and all the perforation cases with localised trouble, even where the localisation was very slight and pus filled the whole right side and pelvis, recovered.

Passing now, to a review *seriatim* of the classes above mentioned, we find the following facts of interest :

### CLASS I.—28 Cases.

#### *Ætiology :*

AGES—10 to 20 years.....	3
20 to 30 " .....	12
30 to 40 " .....	9
40 to 51 " .....	4

SEX—Male, 20 ; female, 8.

PREVIOUS ATTACKS—One had one ; one had two ; two had three or four ; and all the rest many—most of them slight, but a few severe attacks.

PREVIOUS CONSTIPATION—Thirteen had none ; twelve had more or less chronic trouble ; and in three the condition is not mentioned.

PREVIOUS DIARRHŒA—Only in one case ; not present in the others.

CHRONIC INDIGESTION is mentioned only in one case.

OVER-EXERTION is mentioned in five cases.

\*MICRO-ORGANISMS—*B. coli* comm. was found in all cases in which cultures were taken.

CONCRETION was found in only one case ; this was a subacute condition, with tip somewhat distended, and mucosa hæmorrhagic.

In no case is it mentioned in the histories that especial errors in diet or acute indigestion preceded the onset of pain.

#### *Clinical Course, Signs—*

ONSET—Pain varied a great deal in its character. In only nine was it of the typically crampy nature usually described. In some it was "slight," in others "severe" from the first. In others it was "dull," "burning," "aching," or "smarting." Whether mild or severe at the onset, the pain, in the later course, became generally severe, although in a few cases it is described as mild throughout. Still later, pain usually subsided into a dull soreness.

SITUATION OF THE PAIN at onset was in nine cases "generalized ;" in four "umbilical ;" in three in "lower abdominal zone ;" in one "epigastric ;" in nine "right iliac." In several instances it is noted that, whereas the pain at the onset was generalized in the first attack, it was right iliac in succeeding attacks.

In all cases, save one, where the onset-pain did not begin in the right iliac region, it is noted that it settled in that region sooner or later. In

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\* In what follows the bacteriological reports are not submitted as being of absolute value, inasmuch as when smear cultures are taken and no Petri plate made till the next day (as was the case in the majority of cultures), the *B. Coli* may kill off other organisms originally present by the rapidity of its growth. The suggestion is owed to Dr. Adami.