

less one having the volume and shape of cæcal stercoral tumour. Lastly, while the eating of indigestible and acerb fruits is an *alleged cause* of both affections, in inflammation of the appendix the fruit is usually if not invariably of a kind which contains stones, such as plums, cherries, or large hard seeds, as raisins, apples, pears, etc.

Perforation of the *cæcum* by ulceration also produces symptoms very similar to the affection under discussion, but then it would appear to be a much less frequent lesion than perforation of the *appendix*, the discharge is also of much longer duration, being an affair of weeks or months, while perforation of the appendix so far at least as its symptoms are concerned is one of days merely, or in very rare cases of two or three weeks; the former is generally preceded for weeks by ill health, deep-seated pain and tenderness in the right iliac region and diarrhœa, the evacuations being tinged or streaked with blood, whereas the latter occurs indifferently in the healthy or the infirm, and is not preceded by symptoms of intestinal derangement. When the perforation occurs in the former case, the most frequent consequence is the formation of a fecal abscess external to the peritoneum which commonly points either above Poupard's ligament or at the outer edge of the quadratus *lumborum*, often causing much sloughing of the integument and deeper tissues, and discharging pus and feculent matter; in perforation of the appendix the most frequent consequence is a more or less extensive peritonitis, most developed in the pelvic cavity and vicinity of the *cæcum*; circumscribed abscess is less frequent, and when it does occur, is generally within the peritoneum and has very little tendency to point externally, but very much to open into the general peritoneum. In brief this is a very valuable point of distinction between the two affections—for while in perforative disease of the *cæcum* the collection of pus usually tends to open externally, in perforation of the appendix this seldom if ever occurs, so seldom that I know of only one well authenticated instance,* that already spoken of as having been published by the late Dr. Carter of this city.

One remark more before speaking of the treatment suited to the disease under examination; although the appendix may become highly inflamed, ulcerated and even extensively destroyed by sphacelation, the morbid action extends with extreme rarity to the *cæcum* itself. In nearly all the reported dissections of these cases where the

* In Dr. Burns sixth case, (Med. Chirur. Trans. Vol. xx. p. 22,) a post peritoneal abscess formed; and in his eighth, sloughing of the iliacus muscles and post peritoneal cellular tissue occurred, yet in neither case was there any sign of the pus escaping externally.