possesses no exclusive pathology of its own. Like the rest of the bowel, its mucous membrane is liable to catarrh, but not to a peculiar catarrh. That catarrh may pass on to ulceration, and the consequences of that ulceration are the same in the appendix as they are in the rest of the intestine. The ulcer may perforate, and the usual results of perforation will follow. The peritonitis induced is in no way a peculiar peritonitis. It may lead to rapid septicemia or to adhesions of various kinds with possible deformity of the appendix, or it may leave no trace behind. The ulcer may heal and may then lead to stricture of the little process, just as it leads to stricture of the bowel. Both the tube and the intestine may give way behind the narrowed part.

The few peculiarities which can be claimed for the appendix are mainly these. It ends in a blind extremity. It favors the formation of concretions. It is liable to gross disturbances of its blood supply from torsion. Its utter destruction leaves no function impaired.

A PHANTOM APPENDIX.

On palpating the abdomen above the right iliac fossa in a patient suspected of appendicitis an elongated body can occasionally be felt which is often mistaken for a swollen appendix. The little tumor is pipe-like and is either vertical or is more usually placed obliquely. The oblique phantom is always found to be external to the vertical one. Over and over again the discovery has been announced of a diseased appendix lying vertically or obliquely in the iliac fossa. When the part is exposed by operation it may be usually safe to assert that the diseased organ will not be found to occupy the site of the elongated body. Indeed, experience induces a great suspicion of the existence of that diseased appendix which is said to be placed vertically or nearly so, and which is so readily felt.

This phantom is due without doubt to muscular contraction. This contraction is sometimes in the outer edge of the rectus muscle, sometimes in the fibres of the internal oblique or transversalis muscles.

It must be remembered that the bowel, the parietal muscles over it and the skin which again covers them are all supplied by the same nerve. Moreover the eleventh dorsal nerve lies just beneath Munro's point and is no doubt capable of being irritated by deep pressure in that region.

THE OPERATIVE TREATMENT OF APPENDICITIS.

Time will not permit the discussion of either the prophylactic treatment of this affection or of the medical management of a case during an acute outbreak. It will be impossible to attempt