case-reports suffer often from insufficient data with regard to the pulse and temperature during the period from onset to admission. The point needs a more elaborate working out in order to settle its importance as a diagnostic factor. With regard to data which might help us to the clinical diagnosis of "imminent perforation," the present statistics yield nothing noteworthy beyond what is above mentioned in connection with empyema and gangrene of the appendix. Progress in this direction would seem to lie in the more thorough and exact history of pulse and temperature, especially the former, from the time of onset up to that of observation in hospital. Exact written records, so far as is possible for the attending physician to make them, would in this respect be of the greatest use.

Concerning the signs of perforation, the statistics, I believe, show that the very distinct value should be ascribed to a history of marked exacerbation of pain occurring at any time after the first few hours.

Painful micturition as a sign of pelvic peritonitis was inconstant. Its presence indicated certainly the condition, but its absence did not certify the absence of a pelvic peritonitis—far from it.

Local tumour could rarely be felt when the peritonitis had become general, but was nearly always palpable in localized cases. With regard to the other clinical signs of localized and general peritonitis, no special remark is called for.

Statistics concerning pulse and temperature were not made out, mainly because of the lack of data before entrance to hospital with which to form a comparison. Isolated observations in the short time between admission and operation are of no use, in so far as statistics are concerned.

With these preliminary remarks I venture to submit the following details :—

Excluding the three cases of abscess mentioned below, we have a series of 70 which have been analysed.

Class I. includes 28 cases ; Class II. 6 cases ; Class III. 4 cases ; Class IV. 22 cases ; Class V. 10 cases.

Three cases of abscess, diagnosed as being due to a perforation of the appendix, are not included in the analysis, inasmuch as the abscess was merely incised and drained, and the appendix not demonstrated. There were 16 cases not submitted to operation. Of these 12 were of the acute type, and subsided within two or three days ; three were recurrent, and one was a chronic abscess following perforation.

Of the 89 cases, 73 were cured ; 2 were improved ; 1 was not improved ; 3 were not treated ; and 10 died. The mortality is thus 11.2 p c. Of the fatal cases, nine were of the general septic peritonitis class, and one was a suppurative mesenteric lymphadenitis subsequent to a chronic inflam-