pation which attends inflammation of the appendix generally yields to active purgatives, which is not the case in intestinal obstructions, and the former is less often attended by feecal vomiting than the latter.

The fifth and sixth classes of inflammation of the appendix will be known from intestinal obstructions, not only by the deficiency just mentioned as existing between this affection and the fourth class of cases; but also by the existence of the local and general symptoms of inflammation from the first, whereas these symptoms succeed those of obstruction in case of obstructed bowel.

It is a much more difficult matter to distinguish inflammation of the appendix from inflammation of the cacum or typhlo-enteritis; indeed in many instances I incline to think it cannot be done.

Both affections frequently occur in healthy persons, free from previous derangement of the bowels unless it be constipation; but the symptoms are generally more acute, and the issue more rapidly and certainly fatal in the former than in the latter; death often ensuing in the former in from 3 to 8 or 10 days. In typhlitis the progress is less rapid, and the termination less fatal; the action of the bowels is more frequently followed by relief and recovery; ulceration and perforation are much less common, and when they do obtain, they are more prone to cause lumbar or iliac abecess than to open into the peritonaum, just the opposite of the tendency of perforation of the appendix. Signs of feecal accumulation are less obvious in perforation of the appendix than in inflammation of theesecum; the former affection occurs at all ages from infancy to senility, the latter most frequently in adults. Moreover, some of the causes of the two differ. Thus typhlo-enteritis is not unfrequently caused by kicks and blows over the region of the right iliac fossa, and occasionally even by the pressure of a hernial pad, while the appendix from its small aize and peculiar situation very seldom suffers from external violence or pressure. I know of only one instance in which a kick seemed to have excited this affection, and in that a concretion was found in the appendix.\*

Inflammation of the excum is said to be occasionally consequent upon suppression of the catamenial or hæmorrhoidal discharge, that of the appendix acknowledges no such origin; a frequent cause of inflammation of the execum is the accumulation of hardened fæces in its interior, producing palpable tumour, having the shape and site of that portion of the large intestine; now, although, inflammation of the appendix may be occasionally excited by the entrance into it of hardened fæces, yet this is rare, and when it does occur, no palpable tumour exists at first, much

<sup>•</sup> Transactions of the Pathological Society, London, Vel. vii. p. 212.