

and the wombat, has an appendix vermiformis that is very prone to inflame. In man the organ is developed to its highest degree. Its physiology is unknown; its histology is well known; the cause of disease in the organ is unknown. From time to time foreign bodies have been found free in abscess cavities surrounding this perforated appendix. It has been claimed by some that these foreign bodies were accidentally placed in this position, that is, that they had escaped from the interior of the intestine after perforation. It is easy to understand how the introduction of a foreign body into the lumen of the vermiform appendix can readily produce gangrene of the tip or side of the organ.

A few years ago I produced a lateral intestinal anastomosis on a dog, and, after having allowed the animal to live for some months, destroyed him. On making a thorough examination of the intestinal canal the anastomotic opening was found doing duty, but in the pouch of intestine left at the end of the upper segment were found several small gravel stones. None such were to be found elsewhere. I thought at the time that this pouch resembled closely the blind pouch of the cæcum surrounding the mouth of the vermiform appendix. Considerable pressure must be distributed over this blind end during defecation, as the ileo cæcal valve prevents regurgitation into the ileum. Under such circumstances it cannot be wondered at that occasionally foreign bodies will find their way into the mouth of the appendix. It is a wonder that they do not find their way into the appendix with much greater frequency. It is easy to understand how such bodies can produce inflammation, and it is quite as easy to understand how such bodies can evade the eye of either the pathologist or operating surgeon. Because they are not found is no argument against their presence.

It is scarcely probable that inflammation of the vermiform appendix can occur as a consequence of inflammation spreading from the fallopian tubes. The converse of this, however, is true. On two occasions I have seen pins in the appendix; each of these patients had a large abscess that formed in the neighborhood of the appendix. I have found foreign bodies in a number of cases; in one case, grape seeds; in another, an orange pit; in another, hardened fæcal matter around raspberry seeds. On one occasion I found the appendix dilated to the size of the little finger filled with fæcal matter, the walls so transparent that the fæcal matter could be seen through. In other cases the appendix is found diseased and distended with fluid. In such cases foreign bodies have nothing whatever to do with the production of the disease.