Tuesday, because till Tuesday towards the afternoon, there was no tympanites, and the tenderness was even then found to be limited to the right iliac region; in the evening it was marked in the left, and then there were symptoms of collapse.

Guerster says that the "absence of tumour with very acute local and general symptoms represents an extremely grave combination of things, its meaning being a general perforating peritonitis. It would be extremely difficult to save the patient even by the most resolute means." But before perforation occurred, the case doubtless belonged to the first class, that is, simple appendicitis without tumour, about which we are told that "whenever acute and persistent pain occurs in the iliac region, accompanied by vomiting and retching, the pain being markedly increased by palpatation, trouble of the appendix could be confidently diagnosticated," and further on he says, and this is a most important point, "that in view of the impossibility of foretelling whether in a given case, spontaneous evacuation of the contents of the appendix or perforation is to take place: and in the latter case, whether superficial or deep-seated abscess will develop: and considering the fact that laporatomy followed by excision of the appendix yields good results if done before perforation occurs, it is safe to follow McBurney's advice, which recommends removal of the appendix, if the symptoms persist and increase for forty-eight hours.

Case II. – Railway conductor, aged 32. Was first seen by Dr. Edwards on the third day after onset of acute symptoms, and by me in consultation on the following morning. We found pain and tenderness over the whole iliac region, very little tympanites, slight elevation of temperature, slight dullness on percussion on very deep pressure. We made up our minds to wait for further developments in the absence of other alarming symptoms. In three days, the dullness being well defined, and extending towards the lumbar region, we agreed to operate, and an opening was made directly over the site of the appendix. The adhesions were so firm, that it was thought well not even to search for the appendix, and after evacuating a large quantity of stinking pus, it was washed out and drained with a double drainage tube. The case progressed favorably. On the tenth day the drainage tube was removed and at the end of four weeks the patient was walking about, and shortly after resumed his occupation. This is a good illustration of the type of ileo-inguinal acute perityphlitic abscess, by far the most common variety, and when recognized, in the absence of acute symptoms it is often good surgery to wait until the fourth or even the sixth day before operating, so that firm adhesions may take place between the peitoneum, constituting the anterior wall of the abscess, and the adjacent tissues. Entering the abscess is then found a simple matter and absolutely unattended by danger.

Case III. The next case is one of Dr. Garrow's, on a blacksmith, aged 18. Commenced to complain on Friday, 18th July, 1890, of headache, constipation and malaise, and on the Sunday following vomited. Immediately after had severe abdominal pain, and in a few hours the pain and tenderness were limited to the iliac region. Next day the tenderness was very marked, associated with dullness extending outward towards the lumbar region, and upward, so that it became lost in the liver dullness. I saw him on that day with Drs. Garrow and Henderson, and we agreed to operate in the afternoon. A large quantity of stinking pus was found corresponding with the area of dullness. Owing to adhesions the appendix could not be found. The abscess cavity was washed out and a double drainage tube inserted. Notwithstanding the greatest care, there followed tympanites, and every indication of general peritonitis and impending death till the following Thursday, when he passed a large quantity of flatus, and the following day and several succeeding ones fœtid matter and pus. He then progressed satisfactorily till the end of August, and in the early part of September walked as far as Dr. Garrow's office. After that he developed a septic pneumonia, and some time later we opened a large post hepatic abscess which was probably septicæmic, and possibly due to direct extension from the appendix. He died in a few days after the second operation from exhaustion.

Case IV.—Dr. Edward's case of a girl of about 15 with ileo-inguinal abscess, operation about the fifth day. There was firm adhesion between the peritoneum and the adjacent tissues. The abscess cavity was entered for that reason with