

of appendicitis." The organ on examination has now and then revealed a degree of inflammation and ulceration of its lumen which has been actually in excess of that met with in some cases in which there have been definite attacks of the accepted type. Usually the appendix is found to be of normal aspect, but to have its walls stiff, thickened, and ulcerated. Concretions are common, and in an instance or so I have found the organ adherent.

3. In a third series of examples the patient has an abiding trouble in the right iliac fossa which may continue for months, and may or may not be associated with acknowledged attacks of appendicitis. In examples in which there are no such attacks the condition merits the title of true appendicitis because there can be little doubt but that the symptoms are due to abiding gross changes in the vermiform process which have never spread in an abrupt manner to the peritoneum and so have never produced "an attack of appendicitis." These patients are never well. They are the subjects of unending digestive disturbances, of colics, of constipation, and of occasional severe pains. There is often tenderness in the right iliac fossa with a sense of weight or dragging, pain in the right thigh, and a disposition to walk with the body bent. There need be no rise of temperature.

The condition of the appendix in these cases will vary greatly. It may appear to be normal when viewed externally and to be yet inflamed as to its inner coats, it may contain a concretion, may be twisted or bent upon itself, or clubbed at its extremity. In several of these cases I have been surprised to find the little process full of pus. I cannot avoid the distinct belief that in these and other examples of uncomplicated inflammation of the appendix any advance of symptoms from mere discomfort to acute pain implies an advance of the mischief from the inner coats to the peritoneal surface.

Before leaving this subject I imagine it will be generally allowed that it is not possible (except in gross instances) to predict the state in which the appendix will be found from a mere study of the clinical manifestations. Of the futility of such prophecy I have had many examples.

THE CLASSIFICATION OF APPENDICITIS.

On the subject of the classification of appendicitis from the pathological standpoint, I think very little is to be gained by the elaborate divisions and subdivisions which are affected by many in dealing with this matter.

We are at the present day fairly well informed as to the pathology of inflammation of the intestines and its consequences. The appendix is a portion of the intestinal canal, and it