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t gave it its peculiar colour and which raised the question of tuberculosis. The condition must have been long-standing for calcification to have occurred.

This must be a rare case, and in a fairly large experience of appendicitis over many years I have not met a similar one. Evidently the appendix had perforated at the tip during the original attack, but the perforation must have been closed by the mesentery in the ileo-caecal region. Nevertheless, mucus had been poured out through the opening and had then accumulated in an adventitious sac, to which the bowel had become adherent and kinked, causing secondary obstruction. This, then, was a mistake in diagnosis. The only possible treatment, had a correct diagnosis been made, would have been drainage, which would inevitably have left a fistula.

Summary.—Three cases of disease of the ileo-caecal angle are recorded—all of them presenting a tumour, but each different in pathology.

I should like to express my thanks to Dr. Sparks of the Royal Cancer Hospital for the X-ray which is here reproduced, and also to Dr. Bullough, Medical Officer of Health, Essex County Council, for permission to publish details of Case 3.

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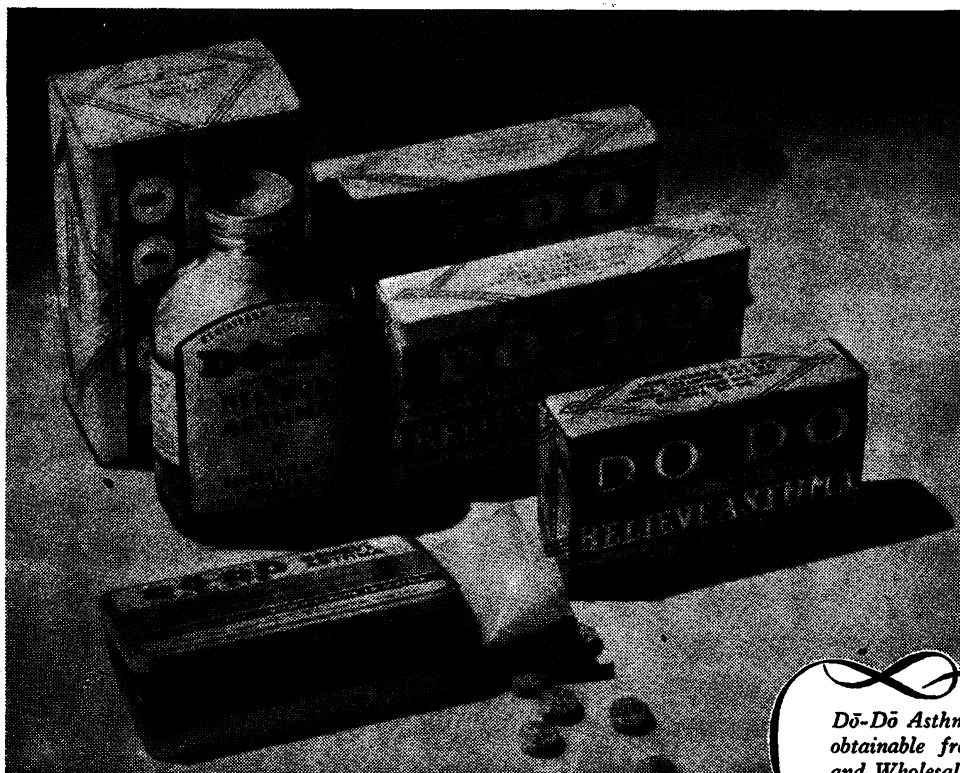
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