

The symptoms of dysentery are similar with blood-streaked dejecta and trenesmus.

Renal prolaps has many of the subjective accompaniments of renal colic, with the added fact of a rounded, movable body, pressure on which gives sickening sensation.

Salpingitis occurs in females, and a vaginal examination may show tumor on both sides of pelvis. There is slower development than in appendicitis with less abdominal rigidity. The pain is more dull and does not radiate to umbilical region. Tenderness is lower. There is usually little fever and that is more even. There may be a history of infection.

Ovaritis will rarely be confused with appendicitis. Dysmenorrhœa may occur. Vaginal examination should supply conclusive evidence.

A precedent appendicitis may have involved the right ovary and left the subject the victim of subsequent dysmenorrhœa.

Rupture of ectopic pregnancy will be marked by shock, pallor, rapid, feeble pulse, subnormal temperature. There will be history of menstrual irregularity. Labor-like pains and escape of decidual membrane are to be looked for. Pain is usually brief and diffused over lower part of abdomen. Tenderness appears with advent of peritonitis and tumor is recognized when effused blood has become organized and walled off by adhesions. It is best felt per vaginam.

Peritonitis from various other causes may be hard to distinguish from one derived from the appendix. In these cases a definite knowledge of the preceding history of the patient and the first signs of abdominal distress is very important. As idiopathic peritonitis has all but vanished from the nomenclature of science, the diagnosis will largely depend on this information.

Cases of tubercular peritonitis are of slow, insidious development with evening rise of temperature and morning remission. Pain is diffuse. There may be palpable mesenteric or lymphatic glands. A history of infection or predisposition is to be sought.

Chronic appendicitis—Catarrhal appendicitis may exist for years with mild exacerbations and long remissions, the patient regarding himself as being the victim of "indigestion." The rise in temperature and pulse with tenderness over appendix with some muscular tension will be the main points in deciding upon the cause of this protracted trouble.

There are many other rarer conditions to be differentiated, as rupture of an ovarian cyst, pyosalpinx or gall bladder, twisting of enlarged ovary or tube, the various morbid growths, malignant or benign, or abscesses from any other cause in any region where the appendix might lie. These all require most careful attention; also cases with an hysterical element.