

the appendix, and believe that in many cases it is an improvement over those in general use.

**Incision:** A point one and one-half inches from the right anterior superior spine, on a level with a line connecting the two superior spines, is selected for the beginning of a vertical incision which extends directly downward for two to three inches to a point just above, and to the inner side of the internal abdominal ring.

**Advantages:** Traction to expose the appendix is avoided, because this incision, in the external oblique and its aponeurosis, the most resistant structures, is directly over the base of the appendix. It can be enlarged without weakening the abdominal wall. The ilio-hypogastric and ilio-inguinal nerves are not injured because the incision lies between them. Because this incision is made over the cecum, the small intestines do not crowd into the wound as they do when the McBurney and lateral rectus incisions are used.

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#### DIFFERENTIATION OF EARLY TUBERCULOSIS FROM HYPERTHYROIDISM BY THE ADRENALIN TEST.

For three years Goetsch, of the Surgical Clinic of the Johns Hopkins Hospital, has been practising the subcutaneous injection of 7.5 minims of a 1-1000 solution of adrenalin chloride in patients who present masked symptoms of hyperthyroidism but in whom no positive diagnosis can be made by ordinary methods of examination. If the patient, following the adrenalin injection, reacts with manifest symptoms of hyperthyroidism, Goetsch believes that a positive diagnosis of the condition is justified. At the Trudeau Sanatorium, Nicholson and Goetsch tested 40 patients by this method. Of 18 patients, whose diagnosis was "clinical tuberculosis, questionable," 10 reacted positively and 8 negatively; of 16 with a diagnosis of "clinical tuberculosis, inactive," 9 reacted positively and 7 negatively; and of 6 with active clinical tuberculosis, none reacted positively. The authors conclude that the test is a valuable aid in determining whether the disease from which patients are suffering is purely a tuberculosis, a tuberculosis complicated by hyperthyroidism, or a pure hyperthyroidism. Hyperthyroidism, whether or not associated with tuberculosis, will give a positive reaction to adrenaline. Tuberculosis, uncomplicated by hyperthyroidism, does not react positively to adrenalin. They feel that in a considerable number of border-line cases presenting symptoms more or less characteristic of both conditions, they can now pick out those suffering with hyperthyroidism.—*Am. Rev. Tuberculosis.*