

Dr. Webster reported a case of sudden abdominal pain where he advised against operation; two weeks later the patient consulted another practitioner, an operation was done, the appendix being removed. The patient still complained of the same pain.

Dr. J. N. E. Brown asked the essayist in how many cases of recurrent appendicitis had he noted, on removing the appendix, that there had been primary rupture.

Dr. Harold Parsons referred to the differential diagnosis of appendicitis from biliary colic and suppuration in the gall bladder. This point had been strongly brought to his mind at Johns Hopkins Hospital. He was called suddenly to see a nurse who gave a history of repeated attacks of pain on the right side of the abdomen on going to work. There was a good deal of pain, marked rigidity on the right side, tenderness, and vomiting. This he thought was appendicitis, as did Osler and others who saw it. On opening up an intense degree of infection of the gall-bladder and gall stones was found, with adhesions all about, matting the omentum and intestines.

There was another case of interest: A patient came into the hospital with painful micturition and marked tenesmus. On opening, an appendiceal abscess was found behind the bladder.

In another case great pain was noted over the region of the liver. A long gangrenous appendix was found, with abscess formation on top of the liver.

Another point Dr. Parsons called attention to was the fact that pressure over one side would produce pain on the other, especially where adhesions were extensive.

Dr. MacMahon said that he had found a large number of cases go along well without operation.

His first twenty-two recovered without a death. His practice was to call in an abdominal surgeon, with a view to operation if that was considered necessary. There was a good deal of difficulty in persuading patients with the milder types of the disease to undergo operation.

Dr. F. N. G. Starr agreed with Dr. Oldright that the pain was referred in the early stage to the region over the central nerve trunks, consequently about the umbilicus.

After the inflammation had lasted some time the pain becomes localized over the organs affected. As to the advisability of operating in the early stage he was not prepared to go "the whole hog," owing to the fact that so many get over the first attack without operation and do not have recurrence.