

If the diagnosis was positive in every case there could be no objection to this proposition, for it covers only cases with some persistent cause of the inflammation, and not those with a temporary cause, and a single seizure with no special tendency to a recurrence. The persistent cause is usually something within the appendix that makes pressure and irritation, and back of that some constriction of the appendicular opening or some fault of its valve; the cases of one mild attack and quiescence afterward are those in which there is no incarceration of irritating matter of any sort, and where the exit from the canal is free.

Fitz says catarrhal appendicitis is probably not recognizable. The diagnosis of such cases is beset with difficulties, and probably many of them cannot be diagnosed, but some may be, and these should not fail to receive the benefit of surgery simply because they may not appear for the moment to be formidable. The diagnosis must often be made by exclusion, and is easier in males than females, since in the latter the pelvic organs are apt to produce symptoms resembling those of appendicitis. The following case is illustrative :

“ A lady of 28 years, vigorous and robust, had experienced from time to time since girlhood slight pain in the right groin and thigh, often aggravated by exercise. Occasionally there was accompanying but less pain in the left groin and thigh. Last summer she had what appeared to be a dysenteric attack, passed bloody stools, had much pain in the abdomen, especially on the right side, and fever. She recovered and resumed her active life, which required her to be much upon her feet. Soon pain in the abdomen recurred, then came slight fever, anorexia, occasional vomiting and constipation, tenderness over the hypogastrium, and pain in the thigh. At the end of six weeks she entered my hospital service and was carefully examined, my gynecological colleague, Dr. Merriman, assisting. Then she was in bed, unable to move without pain in the abdomen, and suffering considerably in the thighs, hypogastrium, and right inguinal region. The abdomen was tender over its right side, from the border of the ribs to Poupart's ligament, but no tumefaction or dulness was discoverable. An examination of the pelvic organs