

From 4th, attacks of gall stone colic due to contraction of the gall-bladder on large gall stones, whose size prevent them from becoming engaged in the bilious duct, and later on in the common duct, one especially likely to be mistaken for appendicitis because of the absence of jaundice, a history of dull pain over the liver radiating beneath the right shoulder blade can usually be elicited, and the pain or tenderness persist in the region of the gall-bladder. Some morphia will generally relieve this pain, leaving very little tenderness over most of the abdomen and none over the appendix.

*Prognosis* ought to be good in cases operated on early, and of the simple catarrhal form not operated on.

Vinay reports thirty-two cases with ten deaths, a percentage of thirty-one. The only complication noted of importance was abortion in forty per cent. This accounts for the fact that in half the thirty-two cases the children died. Abrahams says the prognosis is gloomy. He observed sixteen cases with eight deaths, and the mortality of the children was eighty-five and five-sevenths per cent. Dunlofoy considers the prognosis more serious when the patient is pregnant, although an operation, if done in time and according to the rules, is no more serious than in plain cases of appendicitis.

Deaver says: "Appendicitis may complicate abortion. If the inflammatory condition occurs during the early stage of gestation, abortion generally follows. The usual risks of leaving a diseased appendix in the abdominal cavity are much increased by the pregnant state and the evil consequences of another attack, i.e., gangrene or perforation will be correspondingly greater."

*Treatment.*—The rule holds good here especially that an inflamed appendix is a source of extreme danger with an abdomen. The removal of the appendix is attended by few if any additional dangers to the mother and foetus. Mundé's doctrine is: "Treat the case early regardless of pregnancy:" a safe rule for anybody to follow.

Willy Meyer, of New York, lays down rules that will, I think, commend themselves to anybody:

(1) Operate early—within twelve hours—in acute perforative appendicitis,

(2) Take the pulse as your guide. A quick, rapid pulse (116 to 120 per min.) is an indication for operation, particularly if it is out of proportion to the accompanying temperature.

(3) In case of doubt operation is better than waiting. If an appendicitis or an abscess is found the effort is well rewarded; if not, the woman is none the worse for it, except an abdominal scar. The fear of interrupting gestation by an exploratory incision is counteracted by the accumulated