

**DULNESS IN APPENDICITIS.**

H. T. Miller, Springfield, O., believes that in the symptom dulness, we have an infallible means of differentiating in appendicitis between cases that are operative and non-operative. When we have a case of appendicitis without the formation of an inflammatory exudate we can afford to wait, but with the occurrence of dulness it is jeopardizing the life of the patient to defer operative interference. In an acute attack of appendicitis with dulness, persisting from twenty-four to forty-eight hours, and after the bowels have moved, one should operate, and the chances are that pus will be found. In a recurrent attack with dulness, even if the temperature and pulse are normal and the patient is able to be up and around, one should operate, and one will most likely find an indurated appendix with adhesions around the appendix and caecum. In the former case an immediate operation is the only recourse, in the latter the surgeon will by operating anticipate an outbreak with pus formation. In acute attacks of appendicitis without dulness, the case should be treated conservatively; should dulness make its appearance and remain, surgical intervention should be at once advised. Pain in the region of the appendix does not always mean appendicitis, but localized dulness with the associated symptoms of appendicitis always does. While it is true that in every case of appendicitis with dulness we do not find pus, in all of these cases the conditions are such that no mistake is made by surgical interference.—*N. Y. Med. Record.*

**UNDER WHAT CIRCUMSTANCES IS IT ADVISABLE TO REMOVE THE VERMIFORM APPENDIX WHEN OPENED FOR OTHER REASONS.**

Howard A. Kelly, Baltimore, having written to eighty well-known American surgeons upon this subject received replies from seventy-four. His questions were as follows :

1. When the abdomen is opened for other causes, and the perfectly normal appendix is easily accessible, is it your rule to remove it ?

2. When the appendix is slightly adherent to neighbouring structures, as peritoneum, ovarian or fibroid tumours, do you then remove it ?

His conclusions are embodied in the following :

1. The appendix should always be examined and its