

in the adult, are irregular, uncertain, and have little diagnostic value in the child.

The prognosis of appendicitis in the child ought to be good. Compared with the prognosis in the adult, it is bad, very bad. In 1907, the average mortality for children in six large clinics was 19.23 per cent., for adults it was 2.9 per cent.

Dr. J. B. Murphy says, "We should have no deaths from appendicitis"; but we have them. What are we going to do about it? Where does the responsibility rest for this terrible mortality, this veritable "slaughter of the innocents?"

From a careful review of the literature of appendicitis, and from observation, we have come to the following conclusions:

1st.—That the occurrence of appendicitis in children is much more frequent than it is generally supposed to be. Selter found that appendicitis was seven times more frequent before the age of fifteen than it was from fifteen to thirty.

2nd.—A large percentage of cases that occur are not diagnosed.

3rd.—A large percentage of cases are diagnosed too late for successful treatment.

4th.—That the current literature of appendicitis should be revised, and those features of the disease peculiar to children should be clearly set forth and strongly emphasized.

5th.—Our "diagnostic senses" should be awakened and trained to recognize the earliest, the initial symptoms of the disease.

6th.—Physicians and surgeons should be made to realize that an early diagnosis is imperative in the case of children.

7th.—That diagnosis should be followed immediately by operation.

263 King Street East.