

vomiting ceases. There is definite tenderness over the appendix whether it lie in the McBurney location or not. The temperature may remain at about the point of its initial rise. The pulse remains fast. Both temperature and pulse, however, usually fall. The patient has an inflammation that has extended to the adjacent peritoneum or a ruptured appendix, the escaping contents being walled in by adhesions, forming a circumscribed abscess. Or, the abdomen may become distended, and tender—occasionally not—the bowels inactive and not responsive; but there may be septic diarrhœa; the pulse fast and weak, the temperature increased or perhaps sub-normal, the dorsal position is maintained with flexed thighs, the breathing is fast and shallow, there may be hiccough. The face is anxious. The vomiting may have returned and is bilious or brown, may be stercoaceous. The patient has a ruptured appendix with general peritonitis.

Rarely, appendicitis is ushered in with this set of symptoms, and the attendant cannot be too keenly alive to the gravity of the case.

Again, after a sudden and severe onset, there may be sudden remission of fever and pain with fast pulse and anxious look. There is probably gangrene of the appendix and a very grave outlook. A sudden cessation of pain and temperature should always be viewed with concern as it probably means gangrene or rupture of the appendix. On the other hand, escape of the products of inflammation through the valve of Gerlach into the cæcum, or an increase in the inflammatory exudate, so forming a bar against absorption, may be accompanied by lessened fever and pulse. Any sudden marked change in pulse, temperature, or pain in whatever direction should be carefully watched, till it can be known whether it implies perforation, gangrene, extension of inflammation or dissemination of pus.

In cases where there is a circumscribed abscess, the acute symptoms may subside, leaving a pocket of pus to await a suitable occasion for exciting a new inflammatory process. Frequently, instead of becoming quiescent, the tumor formed by inflammatory exudate and pus increases in size, extending up the loin or over the region of the appendix, and if not artificially evacuated pointing externally or opening into one of the hollow viscera.

It is impossible in limited space to trace all the history of the numerous variations in this disease or detail its complications and sequelæ. Some points should be mentioned, though, in regard to differential diagnosis.

The "acute abdomen" is common to several diseases. Briefly, it is marked by anxious face, increased pulse rate, more frequent and shallower respirations, and those chiefly costal; somewhat distended, more or less tender and motionless abdomen with varying areas of dulness or