

was paying the extra money to travel among a class to whom he obviously does not belong.

We know that this will cost money, for it will mean the employment of thoroughly capable physicians who will devote adequate time to the work; to undertake such stringent measures will also exclude the chance traveller who comes to Canada "in search of health"; in the case of a consumptive, travelling in Canada is not good treatment, and his lot will be no worse, rather better. If we could keep a hundred consumptives a year out of Canada, such a movement would financially justify itself, if such justification were needed.—*Montreal Medical Journal*.

### Summary of a Thousand Cases of Appendicitis.

Crile (*Cleveland Medical Journal*, Vol. VI., No. 8, 1907) holds that an acute abdominal pain and rise in temperature and tenderness, particularly over the appendix, with associated referred pain, are sufficient evidence of the disease to warrant the incision. If in addition there is nausea and vomiting, rising leucocytosis, a history of previous similar attacks, and no evidence of other acute disease, the diagnosis may be considered certain.

Crile roughly groups the atypical cases as follows:

(a) Acute infection of the appendix with minimum local but maximum systemic manifestations, early complicated by bacteremia. In these cases there are usually early and perhaps repeated chills, high temperature, early delirium, rapid pulse, negative abdomen, positive blood culture, and usually death from bacteremia. In some of these cases the rôle of the appendix is discovered only at autopsy, and in others the diagnosis is reached only by inference and exclusion. These cases are compared by Crile to bacteremia arising from infection of the tonsils.

The importance of correct diagnosis in such cases is incident to the fact that in them operation should be avoided, since surgical infection reduces the natural resistance of the patient and hence lessens his chances of recovery. Maximum constitutional with minimum local symptoms foreshadow a fatal termination.

(b) Appendicitis appearing in the course of other diseases or local disturbances. The greatest number in this group occur in the course of gastroenteritis—the latter in children usually incident to obvious great error in diet. Vomiting, diarrhea, and intestinal pains are typical, but after a few days the peritoneal, in