

duce emaciation, and the few cases I have seen where this was a prominent symptom were fairly well nourished, as is the case in hysterical vomiting.

DIAGNOSIS.

As to the diagnosis: I have covered the ground fairly well in speaking of the symptoms, except in so far as the diagnosis of typhlitis from appendicitis is concerned. This opens a very large question, and one which I cannot enter fully into here. A primary acute or subacute catarrh localized in the cecum cannot always, so far as I know, be distinguished from catarrh secondary to appendicitis during its acute stage:

As the acuteness of the symptoms pass off, it will, however, be noticed in appendicitis that tenderness and resistance remain localized in the neighborhood of the appendix after the inflammatory distention of the cecum has subsided. In typhlitis, on the other hand, a prolonged examination, perhaps, assisted by steady, gentle pressure, may reveal the fact that when the inflammatory distention of the cecum has subsided for a few seconds the iliac fossa is left quite free from tenderness, showing the absence of any inflammation around the appendix.

With regard to the condition of hardness of the cecum, of which I have spoken, there are several conditions with which it may be mistaken. When the irritation is not very great the distension of the cecum will be soft and elastic, such as might be caused by chronic obstruction in the ascending or transverse colon. In practice, however, no real difficulty is likely to arise, because in colon catarrh in such a case the distended area of the cecum is a localized one, occupying some two or three inches, more or less, and often varies in extent during examination, whereas in obstruction the ascending colon will be evenly and equally distended, and careful palpation will show that the gut remains full during the intervals between the intestinal contractions. When the irritation is greater and the gut hardens more during its periods of tonicity, the diagnosis is also easy, because of the limited area which hardens in cecal catarrh, and also because it is much harder than is the case in chronic obstruction. In catarrh the hardening of the gut coincides with its dilatation. In obstruction the periods of hardening are associated with a diminution in the diameter of the gut.

The distinction between the evenly-hardened gut of colon irritation and the regular distension due to hardened feces is not one which will cause any difficulty. In a severe case of cecal irritation from colon catarrh, however, very great difficulty may be experienced in deciding whether the "perityphlitic