or a renal colic. This is the initial pain, which is in a great majority of cases followed by vomiting, the vomiting being reflex and from a cause similar to that of renal or hepatic colic. This early vomiting does not last long excepting where there are other grave accompaniments resulting in intestinal paresis.

Following the initial pain comes tenderness on palpation. This may be rather diffuse, but careful examination will, after a few hours, locate a specially painful point where the appendix lies. This will in most cases be at a point on a line drawn from the right anterior superior spine of the ilium to the umbilicus an inch and and half to two inches from the spine, though, as previously indicated, it may be otherwhere situated. This tenderness will be accompanied by rigidity of the abdominal muscles, probably some quickening of respiration, with shallower breathing, usually the dorsal decubitus with flexed thighs. These symptoms becoming more emphasized as the inflammation extends over the peritoneum. At this period no tumor can be felt, though the deceptive contraction of the muscular protecting wall may appear like a hard and large appendix. Much force in examining is to be deprecated, as it not only causes the patient distress but might cause the rupture of an ulcerated organ. In cases where the tender spot is low information may be gained by a rectal or vaginal examination.

Along with, or following, these symptoms of pain, vomiting and tenderness is found a rise of temperature. This elevation of temperature is delayed from two or three hours to a day after the initial pain. This sequence is so important in making a differential diagnosis that it cannot be too much emphasized. Usually in acute cases of moderate severity, in less than twelve hours a temperature of 101° to 103° F. will be found. In cases where there is neither rupture nor extensive peritoneal involvement by the second day there is remission of fever.

An increased pulse rate is an early symptom. In children it may be very high. In adults, while increased pulse is by no means pathognomonic, a pulse of 100 should excite suspicion and a pulse of 120, with the other typical symptoms, might be accepted as a warrant for operation.

These, then, are the early symptoms of an acute appendicitis: Pain vomiting, tenderness, muscular rigidity, and fever, with an accompanying increase of frequency of heart action.

With appropriate treatment, in a few days these symptoms may all disappear, possibly finally, or only to return in a worse form at a later period.

This will not always happen, and if early operation be not done the secondary symptoms appear. The pain ceases, being spasmodic or colicky, and becomes a settled uneasiness, increased by movement. The