



FIGURE SHOWING THE SUTURE INSERTED BUT NOT TIGHTENED

hope not to be misled by such phantom tumors. It is obvious that this vestigial organ cannot be felt during an acute attack of appendicitis, when the abdominal muscles are contracted by severe pain; but it is also true that many of us have found it possible to map out the appendix when normal or during the quiescent interval when diseased. In fact, careful continued search, under such conditions as overcome abdominal tension, is rarely unrewarded. Not infrequently the surgeon's efforts flag before the abdominal muscles are relaxed, and the examination gives negative results. In nearly all cases, pressure upon the appendix causes a sensation more or less intense, to dart across the abdomen, above and to the left side of the umbilicus. If the surgeon fancies he feels the appendix, and the patient complains of the sensation mentioned, the latter affords valuable corroborative evidence of the former.

With regard to the proper time to operate, there is great diversity of opinion also. The safety of interval operations is admitted by all, but occasionally a life may be lost by waiting for the acute attack to subside. On the other hand, many patients have been sacrificed by surgical interference during an acute attack, who would have recovered sufficiently for a safe interval operation. A patient who has had an undoubted attack of appendicitis, in whom the appendix is found to be thickened and tender, cannot be considered out of danger until that