muscle; in more than one-half of the cases there has been vomiting; and in practically all there has been nausea. One should be able to distinguish between appendicitis and conditions in the pelvis, such as pyosalpinx, by a vaginal examination. In the latter condition there will be enlargement and tenderness of the tube, together with some fixity of the uterus. In acute appendicitis, where the appendix is lying to the outer side of the colon and pointing upward toward the liver—it may actually be in contact with the liver, and, if perforation occurs, an abscess may form here, closely simulating empyema of the gall bladder. However, in the latter condition the outline of the gall bladder is more clearly defined and usually pear-shaped, whereas an abscess would be more irregular and indefinite. In perforation of the stomach one would likely have symptoms of indigestion for some time preceding the perforation. There would be a history of shock and collapse at the time of the perforation, followed by pain in the epigastrium, and then all over the abdomen. In tuberculous peritonitis one might be able to make out free fluid in the peritoneal cavity and distension, with general tenderness, and a longer history, although (as in two cases quoted) the patient was practically in perfect health until suddenly taken ill. To sum up, we may briefly put the symptoms thus:

1. Pain. This is the first symptom usually complained of, at first referred to the stomach or umbilicus, but later on settling down in the right iliac region.
2. Nausea or vomiting within the first few hours.
3. Tenderness, most marked on the right side over the appendix.
4. Rigidity of the right rectus muscle.
5. After some hours some elevation of temperature and increase in pulse rate.

Treatment.

In regard to treatment, I cannot too strongly insist upon very early operation in all cases of acute appendicitis. If this in only a few hours after the beginning of the attack, so much the better. There is a very prevalent opinion among some members of the profession that if an operation be done within the first forty-eight hours, everything will be all right. Of course, this is an absolute fallacy, as very serious damage may be done even in twelve hours.

When a physician is called to a patient suffering from abdominal pain, and he is doubtful as to the cause, he should see him again in three or four hours, and if he then cannot make a diagnosis, he had better have a consultation.

Give no morphine until a diagnosis is made; to relieve the pain an ice-bag may be applied, or hot fomentations used; then, as soon as the diagnosis is made, call a surgeon, and let him decide as to