

2nd.—That an early diagnosis was imperative.

3rd.—That operation should immediately follow diagnosis.

4th.—That the diseased appendix should be excised.

This paper, published twenty years later than Parkers, introduced a new and progressive era in the history of our subject. The literature of appendicitis has increased rapidly and our knowledge has been wonderfully enriched. More than 3,000 journal articles, besides books and monographs, have been indexed in the Surgeon-General's Library at Washington since 1896.

In the study of this literature one cannot but note the almost complete absence of any special reference to appendicitis in children. With few exceptions, recent writers have treated "appendicitis" as a disease common to all ages. Books written by Morris, Fowler, Deaver, Ochsener and others are replete with information on other aspects of the disease, but not a page, or possibly even a paragraph, is found to differentiate appendicitis as it occurs in children and in adults. Among the exceptions, I may mention that Howard A. Kelley has given, in his 1909 edition of "Appendicitis and Diseases of the Vermiform Appendix," an excellent chapter on appendicitis in children, and for many of the facts in this paper I am indebted to this valuable work.

If we turn our attention to those special features which differentiate appendicitis in children and in adults, *anatomically* we find:

1st.—That the appendix in the child is relatively larger and longer.

2nd.—The walls are thinner; the meso-appendix is shorter, often less than half the length of the tube. This tends to kink or bend the appendix, and to limit the blood supply, especially to the distal half.

3rd.—The entrance from the cæcum is funnel-shaped, the lumen is larger, the mucous membrane smoother, and the valve of Gerlach often absent or ineffective, hence foreign bodies or morbid materials more readily find their way into the tube.

4th.—The lymphoid tissue in the appendix of the child is more abundant, and the blood supply is poor, hence destructive processes go on more rapidly and the liability to gangrene and perforation is greater.

5th.—The omentum is relatively smaller and less effective in walling off a gangrenous or perforated appendix.