

the laity should be educated up to expect an operation in cases of appendicitis.

The strong opposition of friends has often improperly influenced the family attendant against suggesting an operation, knowing that it would be displeasing to them. I have many times been told by a family physician that, knowing the objection of the patient and his friends to an operation, he has hesitated about suggesting it, until the patient was so ill that it became urgently necessary to have something done. Then, unfortunately, it is often too late, and the operation becomes discredited. I remember very well a case of an only son who had an acute attack of appendicitis, and on the second visit, twelve hours after the beginning of the attack, the attending physician advised operation. The parents' objections were so very strong that he consented to treat the case in a "medical way," and was afraid to again suggest an operation until the patient was practically moribund. Then, when the friends realized that death was inevitable, they were most anxious that an operation should be done. At their earnest solicitation, although it was felt that his chances were practically *nil*, a simple incision was made, and drainage provided, for the abdomen was filled with pus. He died, and the friends were unreasonable enough to blame the operation for his death. It may not be amiss to say here (what I have frequently said to my class) that it is the duty of the medical man to tell his patient and the friends what is best to be done, even though it is displeasing to them, and leave to them the responsibility of delay. If it is clear that the patient's life is jeopardized by this, it is better that the physician should withdraw from the case than to have his advice disregarded.

A few words on diagnosis. Some of the conditions which are mistaken for appendicitis:

1. Purulent salpingitis.
2. Acute cholecystitis, empyema, or perforation of the gall bladder.
3. Tuberculous peritonitis.
4. Acute indigestion.
5. Malignant disease of the *cæcum*.
6. Perforation of the stomach or intestines, with general peritonitis.

One should note carefully the method of onset of the illness and the symptoms present. In appendicitis the illness begins suddenly, usually in a patient who has until then been in his usual health, although on close inquiry one may find that he has not felt quite himself for a day or two.

I wish to emphasize the point that the temperature and pulse are not to be relied upon, as in many severe cases there is very little elevation of temperature, and little increase in the pulse rate. In all my acute cases there has been rigidity of the right rectus