curative. Bromid of strontium or ammonium may be useful in quieting restlessness; a precordial ice coil or ice bag is useful. The two principal things he insists on in the treatment of acute rheumatism and its complications are individualization and rest, and the latter in all cases is the measure of supreme importance.

The Diagnosis of Appendicitis.

R. T. Morris, New York (*Journal A. M. A.*, January 25), calls attention to the value of tenderness over the right sympathetic lumbar ganglion (one and a half inches from the navel on a line with McBurney's point) as a diagnostic sign in appendicitis in addition to the well-known McBurney's point. He gives the following general statement: 1. "In the early stages of an acute infective process of the appendix the right lumbar ganglia are tender and the left lumbar ganglia are not tender. (The left lumbar ganglia may be described for diagnostic purposes as lying an inch and a half to the left of the navel.) Under these circumstances the point here described is of secondary importance, while McBurney's point is of prime consequence. 2. (A) When an acute inflammatory process of the appendix has subsided, leaving a mucous inclusion or scar tissue, there may be no tenderness on pressure at McBurney's point, but there is tenderness at the point here described and no tenderness at the point of the left lumbar ganglia. (B) When the appendix is undergoing a normal involution process, with replacement of its lymphoid coats by connective tissue, digestive disturbances and various local neuralgias may be due to nerve filaments entrapped in the new connective tissue. There may be no tenderness at McBurney's point, but there is persistent tenderness at the point here described. There is no tenderness at the point of the left lumbar ganglion. (C) When the appendix is congested without the presence of infection, as in many cases of loose kidney, there may be little or no tenderness at McBurney's point, but there is persistent tenderness at the point here described. There is no tenderness at the point of the left lumbar ganglia." Under these conditions (A, B, C) the point here described is of primary importance, while McBurney's point is of secondary or no significance. It will be found useful in differentiating between appendiceal and pelvic irritations. If it is alone tender, it means appendix trouble. If both right and left lumbar ganglia points are tender it signifies pelvic disorder. If neither of these points are tender, the abdominal irritation must be looked for somewhere higher up than the pelvis or the appendix.