

difficulty of accurate diagnosis and the kind of surprises referred to are well illustrated in the following cases, each of which simulated a condition other than that actually present and led to a wrong diagnosis.

The three cases all occurred recently in my own practice and are somewhat out of the common.

*Case I.* A married woman, act. 25, six months pregnant. Seen at half past twelve on the night of October 11, 1909.

She complained of very severe pains in the right lower abdomen which began suddenly at four o'clock and had become worse. Vomiting was incessant. The expression of face was anxious. The temperature was 99°, the pulse 96. There was localized tenderness and well marked rigidity of the right rectus muscle.

*Diagnosis.* Acute appendicitis.

The patient was removed to the General Hospital as soon as practicable.

*Operation* about 3 a.m., October 12,—within 12 hours of the onset of symptoms. Present, Dr. Biggar, anaesthetist; Dr. Farquharson, assistant. Vertical incision through right rectus, splitting the muscle.

On opening the peritoneal cavity a small quantity of clear serous fluid escaped. The appendix was found to be perfectly normal and healthy. A little search revealed an ovarian cyst about the size of a foetal skull at birth, with a tightly twisted pedicle. It was twisted twice from right to left. The pedicle was untwisted, ligatured, and the tumour removed. Wound closed in layers.

The patient recovered and went to full term and was safely delivered of a fine boy. It is fair to state that at the time the persistence of the vomiting did cause a doubt in my mind that there might be some condition other than appendicitis present, since in this disease vomiting is an early symptom and only twice or thrice repeated as a rule, but I dismissed the idea on the supposition that the pregnant uterus would account for the persistence of the vomiting.