

The disease is no discriminator of ages or persons. The proportion of men to women is as 89 to 21. The disease is of very frequent occurrence among children. I have seen it produce death at the age of three years and ten months; the oldest patient on whom I have operated was sixty-six years of age. She made an excellent recovery.

DIAGNOSIS.

It is a surprising fact that even medical men are unable to give us much information regarding the premonitory symptoms of appendicitis. One physician, on whom I operated, was taken ill at 4 a.m., with sudden severe pain in the abdomen. He became sick at the stomach and vomited. He rose in the morning and went out on his usual rounds. A doctor who saw him during the night thought that he was suffering from renal colic. When the pain abated the patient, feeling better, concluded that the diagnosis of renal colic was in all probability a correct one. After going around all day he was forced, towards evening, to take to his bed; in forty-eight hours he was dead. He died from perforation of the vermiform appendix and acute purulent peritonitis. In some cases a definite feeling of uneasiness may have been noticed for some time previous to the acute outbreak of the disease. Others suffer from lassitude. In one case I saw a large ulcer of the cæcum, together with a large abscess cavity, in a gentleman who died in a few hours after the symptoms of appendicitis set in. So much damage could not have originated in such a short period of time. I am satisfied, therefore, that in many cases the disease is progressing, a smouldering fire is hidden in the neighborhood of the appendix. But little is required to produce an acute purulent peritonitis. The acute symptoms in many cases will be similar to those of internal strangulation of the intestine. But, perforation of the appendix and acute peritonitis is a common affection, whereas internal strangulation is an extremely rare one. Though the two conditions give rise to very similar symptoms, these symptoms are generally dependent upon disease of the appendix.

The amount of pain suffered by some patients is much greater than that suffered by others. In one case in which the patient suffered severe colicky pains I found the appendix distended with fluid. There was no inflammation around the appendix, there were no adhesions. In some cases in which suppuration is going on, the pain is severe. The rigidity of the abdomen, especially on the right side, in the commencement of the attack of appendicitis is one of the most valuable symptoms. I am satisfied that the discovery of Mc-