

tenderness is there, but if not the tenderness is not there. Instead of saying that tenderness at a certain point is diagnostic of appendicitis it would be better to say that wherever the diseased appendix may be over that point there will usually be tenderness. The point of greatest tenderness will generally indicate the situation of the appendix, but as the McBurney point is fixed, and the appendix is not, the former is no guide as to the position, nor indicator as to the condition of the latter. Whilst speaking of acute appendicitis the treatment might be mentioned, for I believe there are still some who believe in temporizing. The origin of all the symptoms, the cause of the danger, is the diseased appendix, and the true principle is to remove the cause and remove it at once. Except rest there is no other treatment. Morphine relieves the suffering, but does not affect the condition; purgatives empty the bowels, but do nothing more; poultices may soothe the patient and possibly satisfy the friends that everything is being done while the golden opportunity is passing, and the patient dies before he is dangerous enough to be operated on. It is true many recover from an attack of appendicitis, but what about those who don't? Are we to let some die and leave the rest to the danger of death, because a proportion may recover, even if nothing is done? The man who does not advise immediate operation in appendicitis is assuming a serious responsibility, and exposing his patient to unnecessary risk, especially when it is remembered that in the hands of skilled operators the death rate of all cases operated on within the first twenty-four or forty-eight hours is practically nothing, if it is the first attack. Coming to appendiceal disease, in which there are no symptoms of acute disease, and where, indeed, the trouble is chronic, but none the less dangerous on that account, it might be well to go briefly over a few out of many cases which have come under my own observation.

CASE I.—A woman, aged 36, complaining of attacks of pain in the lower part of the abdomen, in the region of the uterus, in fact. The pain came on about once a week, but sometimes the interval was longer. It gradually increased in intensity until it was difficult to bear, when it disappeared almost suddenly, and the patient was fairly well until the next attack. Amongst others she consulted a medical man, who has a more than local reputation as a surgeon, his diagnosis was ovarian disease, and he removed both ovaries, but the symptoms persisted, and finally she came under my care. There was no tenderness at the McBurney point, but low down to the right of the uterus there was tenderness. My opinion was that it arose from a diseased appendix, and an operation was advised, to which, after considerable hesita-