

ing the thigh, and with some fever—all perhaps following or attending diarrhoea—are ordinarily sufficient. Percussion dullness is often present over the tumor, though tympanites sometimes masks it completely, but palpation discovers an induration even of small size if it is done carefully and in comparison with the opposite side. The diagnosis of acute appendicitis before the advent of perityphlitis is more difficult, from the absence of any tumor and the deep location in the abdomen of the tenderness. The appendix sometimes hangs down into the true pelvis and far from the anterior wall of the abdomen. An appendicitis may be ushered in by vomiting and pain in the epigastrium, which may evoke such complaint as to mask the pain in the caecal region. In only a little over one-half of all cases of acute inflammation in the caecal region is the pain mostly in that locality, while in nearly one-third the pain is attributed to the abdomen generally. Sometimes there is a misleading sensation of induration to touch due to the tension of the abdominal muscles over the tender point, a condition that wholly disappears under anaesthesia. For purposes of diagnosis the hypodermic needle is permissible only when it is absolutely certain that it may be passed into the centre of the induration without entering the general peritoneal cavity. It is unsafe to use it in a supposed intra-peritoneal abscess. The absence of fluctuation over an induration is no proof of the absence of pus; pus is present in all large and in most small indurations of a few days' standing. In a few cases (it must be very few) digital exploration of the rectum will discover indurated tissue below the caecal region.

A large proportion of first attacks, and probably many subsequent attacks, of acute appendicitis will doubtless recover without abscess, and with slight cellulitis or local peritonitis and adhesions, under proper treatment; namely, quiescence in bed, hot applications, anodynes, light diet, and a rigid avoidance of all influences that can provoke general intestinal peristalsis. It can hardly be questioned that a majority of such cases recover even without these wholesomely safe measures of treatment and hygiene. Many cases of chronic appendicitis utterly fail to improve much under any treatment, albeit treatment doubtless often prevents such from passing on to ulceration.