

There are several general considerations that are wisely remembered for differential diagnosis. The diagnostician cannot be too well informed about the condition of the patient before the advent of the set of symptoms he is to consider. He ought to have as complete a picture as possible of the patient's condition on his first visit and if he suspects appendicitis should repeat his visits in quick succession until satisfied. In case of doubt palpation by rectum and in the female per vaginam should not be neglected. Distension of the rectum by gas is a frequent sign of peritonitis and bowel paralysis. Careful palpation and percussion of abdomen is most important, to map out tympanitic or dull or tender areas and to discover where nature shields a sensitive part by a rigid muscle. Hysterical simulation may often be recognized by lack of consistent muscle tension. The stethoscope is very useful in deciding upon the extent of peritonitis where there is want of vermicular movement. Where there is complete intestinal stasis, the cardiac sounds may be heard in all parts of the abdomen. There will be lack of bowel movements over a tumor. A tumor from appendicitis is always secondary and requires time for inflammatory exudate to organize and for pus to collect. Fluctuation is a still later phenomenon. The dorsal position with knees and shoulders elevated is most favorable for palpation. Sometimes the patient may be examined with advantage while lying on the left side.

The counting of leucocytes may be a great aid in cases with pus formation. It is to be remembered that leucocytosis is not an accompaniment of appendicitis, but of those cases where there is septic absorption. So, a blood count will give negative results in simple catarrhal cases. It may also give little or no information in cases of gangrene or even in extensive, virulent cases where the vital forces are overwhelmed and there is no reaction on the part of nature. When the normal number of white corpuscles is increased by a half, that is to 15,000 per cubic millimeter, pus absorption is indicated. Counting of the leucocytes is very useful in excluding the various colics, torsions, displacements, obstructions, catarrhal inflammations, and hysterics.

It is to be remembered that this group is characterized generally by the absence of febrile movement, but it is also to be remembered that cases of gangrene or the worst peritonitis where the vital powers are sinking may have a normal or subnormal temperature. These latter cases are marked by depression, very fast weak pulse, and perhaps brown vomitus with "septic diarrhoea."

Appendicitis is the most common of all acute abdominal diseases, being as frequent as intestinal obstruction, including intussusception and perforations combined.