Desiring to make a practical, useful journal for the General Practitioner, the Editors respectfully solicit Clinical Reports from subscribers and others.

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## Original Articles

## APPENDICEAL DISEASES.\*

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It seemed to me well to use the term appendiceal disease rather than appendicitis, for in many cases, indeed in the majority of cases, there is not enough inflammatory action present to justify the use of the termination -itis. I propose to consider mainly those cases where either the inflammatory action is slight or where only the results of an acute attack remain, and in which symptoms are often misleading and diagnosis difficult. I presume it would be unnecessary at this late day to say anything regarding an acute attack with increase of temperature, pain in the abdomen and tenderness in the right inguinal region, for here the diagnosis is so plain and self-evident that with ordinary care a mistake is almost impossible. It might not be time wasted to consider briefly what is known as the McBurney point, for many look upon it as having great diagnostic value. To my mind there is nothing more misleading, and nothing which has lead to more mistakes in diagnosing appendiceal disease than the so-called McBurney point. It is true that in a large number of cases there is tenderness at this point, but the absence of tenderness is no proof that the appendix is not diseased. The explanation is very The appendix is a movable organ, and when inflamed simple. pressure upon it causes pain, if it lies at the McBurney point the

<sup>\*</sup>Read at May meeting of the Grey and Bruce Medical Association.