A HEMORRHAGIC FORM OF APPENDICITIS.

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In the following cases the only abnormal condition found in the appendix was blood with organized clots, some of which were attached to the macerated points shown in the photo-

tion. Half grain of morphia was given during the afternoon. On admission to the hospital the pupils were contracted and she was well under the influence of the morphia. Temp. 99,

CASE I.

graphs of the mucous membrane of the proximal end of the appendix.

Case I.—A young lady, sixteen years of age, was referred to me by Dr. Messenger, of Kimberly, Ala., February 4, 1910. She had had some digestive trouble for about a year, spit-

ting up of food, sour stomach and gas. About two months ago she became very hysterical and was brought to the city for treatment. She has had some pain in the right side of the lower abdomen since this time, and has been very constipated. For the past week she

CASE II.

has had some slight pain in the region of the appendix constantly. Has had to be catheterized for the past three or four days. Her bowels have not moved for three days. She was taken with a sudden sharp pain in the region of the appendix about 11 a. m., and was brought to the hospital on a train at 7 p. m. There was marked tenderness and rigidity over the right rectus with some abdominal distension, pulse 110, W. B. C. 16,700; rigidity and tenderness less marked. Operation, under ether, right rectus incision; the appendix showed some acute inflammation and distention. When opened it was found to be filled with dark, fluid blood, with some organized clots adherent to the mucous membrane which showed an area which was dark and had a macerated appearance. The specimen was stretched on a glass slide, placed in formalin and photographed the following morning.

Case 2.—A young married woman 19 years of age was referred to me by Dr. M. E. Morland, of North Birmingham, March 25, 1910, with the following history: She has had attacks of pain in the right side at intervals of a few weeks for three years; has had indigestion, sour stomach with gas. While down town the previous day shopping she had a severe attack of pain in the right side and suffered all night and the following morning, and had to be given morphia for its relief. There was some tenderness and rigidity over the right rectus; temperature and pulse normal, W. B. C. 16,000. The appendix was removed and when opened practically the same conditions were found that obtained in the previous case; dark fluid blood with numerous small areas where the mucous membrane appeared macerated and dark with adherent, organized blood clot.

THE PHYSICAL SIGNS IN INCIPIENT PULMONARY TUBERCULOSIS.

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The object of this article is not to offer anything new but to familiarize ourselves with the auscultatory phenomena and differences in corresponding portions of the two sides of the normal chest and make better use of the methods we are all familiar with.

I believe the most important phase, in connection with this much discussed subject, is the earliest possible diagnosis; this, I believe, offers more in a general way than anything the medical profession can do as the disease must first be recognized before other measures can be carried out. Past experience has demonstrated that the earlier a case is recognized the greater the chance for recovery, as well as removing a possible source of danger to others.

We very often hear and read of the following statements: The physician who fails to recognize incipient tuberculosis should go back to the farm and chop wood; get into the

jungle, have his license revoked, or other radical changes made for the man with such defects in his diagnostic ability. Personally my little experience has made me more charitable. When a physician reaches that stage of refined ability in his diagnostic methods, or as some people put it ego, whichever term you choose to use, that he never overlooks a case of even incipient tuberculosis, I believe it would be doing a favor to his community to superannuate such a man with a life-time pension. I believe everyone of us overlook early and sometimes well advanced cases, some, of course, more than others. We are frequently found congratulating ourselves on making a diagnosis that our neighbor has just overlooked and pronounced the lungs sound. If we would be a little charitable and go into the merits of the case we would find a reason for the failure. The pains to examine the patient carefully, which is not the lack of ability on the part of