

body in the appendix, or whether the appendix be gangrenous or perforated, he will almost invariably recover if from the beginning of the disease absolutely no food is given by the mouth. This same form of treatment is applicable to peritonitis due to other causes, such as salpingitis, etc. Locally, either hot or cold applications, whichever appear most grateful to the patient, may be used.

Usually the pain subsides very rapidly if food is prohibited, but in case this does not occur, morphine in small doses may be given with safety if no food is given. The patient's strength is maintained by administering non-irritating nutrient enemata every three to six hours, which should not exceed four ounces at a time. Usually water can be given by the mouth, but in case this causes any disturbance, by giving rise to peristalsis or vomiting, it can be administered by enemata. If vomiting persists, gastric lavage after cocaineizing the pharynx usually gives permanent relief. In case the attack of appendicitis has occurred directly after the patient has eaten a large meal, the food will either be compelled to progress upon its way through the alimentary canal, and in doing this cause much distress and increase the severity of the attack, or it may be expelled from the stomach by vomiting, or be removed by gastric lavage. In most cases, if one sees the patient early, the amount of irritation can be reduced by the administration of a large dose of castor oil, which will empty the alimentary canal quickly and with comparative safety, because it does not cause as much peristalsis as other cathartics. In case this is not effectual, he does not give any further cathartics, but if the vomiting persists employs gastric lavage. Many authorities speak of the advisability of withholding food from the mouth during the initial stage of vomiting, but I am not aware of any one who attaches so much importance to this point as does Ochsner. In his paper on this subject he gives the histories of eight successive cases which he treated during the month of January, 1899, one of these getting no nourishment by the mouth for two weeks. As this is a subject of such vast importance, I trust you will not consider me tedious if I quote one or two of these.

CASE 5.—On January 29th, Dr. Johnson, of Harvard, Ill., consulted Ochsner concerning a boy thirteen years old, upon whom he had two days previously performed an operation for a gangrenous appendix, on the fourth day of the attack. He had drained the cavity thoroughly with gauze and rubber drainage tubes. A quantity of pus escaped at the time of the operation and there seemed to be no limitation of the infection. The temperature and pulse decreased during the first twenty-four hours, then the child began to lose ground. His pulse increased to 150 beats per minute. He vomited constantly, and his general appearance indicated that he would die within twenty-four hours. The boy had been well supported with