

life. Did not recover his health; remained pale and anæmic. A thickening could be felt before operation.

Opened the abdomen to the right of the right rectus muscle by the vertical incision. After a great deal of searching found the appendix imbedded in a mass of adhesions upwards and outwards on a level with the navel. Stripped off the adhesions and finally isolated the appendix. Removed it in the usual way. There was no pus found. Recovery.

On examining the appendix found the seat of the old perforation about three-eighths of an inch from its tip. The tip remains like a knob almost broken off. The remainder of the appendix did not show any very great change except that it was very patulous up into the intestine. (Specimen shewn).

These cases, however, will illustrate the operation of appendectomy when performed in the earliest stage of the disease and in the interval between intermittent attacks. I have yet to lose the first case after operation performed in the interval between attacks. Some of these operations have been very difficult, involving a large amount of handling of intestines, the closure of intestinal perforations, and the clearing out of cheesy material and pus in small quantities. The success of the operation, when done early in acute cases, has also been very great. In some of the cases I have found it impossible to remove the appendix and been forced to do nothing but make an incision down over the gangrenous tissues and pack the wound with gauze. These cases have also done well.

But a different tale is to be told regarding those in which medical treatment has been relied on and the dark wall of the abdominal parietes has remained as a barrier between the eye of the observer and the pathological change within. I am tired of the so-called medicinal treatment of appendicitis. I feel satisfied that, with proper precautions, five hundred healthy appendices can be removed without a death in the hands of a skilled operator. When this is so and the four cardinal symptoms that I may again enumerate, namely, *sudden pain in the abdomen, vomiting, tenderness on pressure, and rigidity of the right abdominal parietes*, distinctly point, almost infallibly, to appendicitis, surely medicinal treatment should be shelved. If I myself had the four cardinal symptoms I should send for a surgeon to open my abdomen.

The *so-called secondary perforation* in my experience most frequently means *rupture of a gangrenous and distended appendix, or the rupture of an abscess in the mesentery of the appendix secondary to a perforation into the mesentery*. After rupture has taken place the