valve usually produces tenderness. Recently two healthy men came to my office to arrange about being operated on for an appendicitis that did not exist, their only symptom being that just mentioned.

A thorough good washing with soap and hot water, and then a good antiseptic poultice applied to be followed by the final washup on the operating table makes a good antiseptic preparation for the skin. The too vigorous use of the scrub, a soap with too much alkali, and a strong bichloride poultice may be cited as examples of useless and meddlesome methods of skin preparation. Many emergent preparations after the anæsthetic has been given have had primary unions. Another matter of detail for the comfort of both patient and surgeon is a generous stomach lavage just before the operation if the patient consents and always afterward before consciousness returns. These patients are not even nauseated nor are they harassed by the strain on the wound and its accompanying pain. There is pain enough following a section without suffering what avoided. I speak feelingly on this subject. Let me again emphasize the good effect of washing out the stomach. A pint at a time of normal saline should be introduced through the stomach tube until it returns as clear as it entered.

The incision is a matter of choice and one cannot err much in using any well-tried method. In the female I usually open near the outer border of the right rectus. This has the advantage that any pelvic pathology may be dealt with at the same time. In uncomplicated cases the gridiron incision obliquely through the aponeuroses of the three abdominal muscles, just over the appendix, and at the outer border of the right rectus without opening its sheath gives a splendid reinforced closure. There may be adherent intestines to the peritoneum so that this structure should be divided with much care. Its cut edges may be picked up with curved hæmostats that fall outward and keep the wound open. Some anatomical abnormality may be responsible for a difficulty in finding the appendix, but perseverance will be rewarded. Where the ileum and cæcum join there will the appendix be gathered together. Where there are no adhesions it is a simple matter, but where adhesions abound it is quite a difficult proposition to expose the appendix. Adhesions cultivate patience, and once the tip or free end of the appendix can be demonstrated there is usually not much difficulty in freeing the remainder. One must keep close, very close, to the appendix. Dense adhesions may be freely divided with scissors or scalpel without fear of hæmorrhage; recent ones by the finger or blunt dissector. Any adjacent structures should be carefully guarded against injury, all raw surfaces minutely examined and any tear immediately repaired. The safest structure on which to make tension is the appendix itself. There is danger in pulling on an adherent ileum, and in recent cases the muscular fibres may be easily separated by very slight traction. If an abscess be discovered the parietal