this operation, but has been in perfect health since.

REMARKS.

1. It is evident that there were two hemorrhages in this case—one extra-meningeal, from the middle meningeal artery, which may have been small; the second from the middle cerebral artery, into the motor area.

2. Is it advisable to replace small fragments of bone removed? I question the advisability of doing so. It appears to me, since the periostium will produce new bone as it did the original bone, that it is unnecessary, but offers an additional risk to septic contamination. Besides the periostium being kept tense and in place on a higher level, bone growing from it is less likely to press on the brain.

3. I would use steralized catgut to suture the dura with in a future case; as I have repeatedly known silk to light up trouble many months after it had remained dormant in wounds which had healed by primary intention, the silk having been most carefully prepared.

4. The prognosis in this case is hopeful, so far, but time only can decide what effect the scar tissue which forms in the motor area will have when it contracts in the future.

P. S.—I am indebted to Dr. Chown for this interesting case, which he kindly handed over to me when he was taken ill last May.

A PAPER READ BEFORE THE CHICAGO MEDICAL SOCIETY.

By Dr. A. H. Ferguson, Professor in Surgery Post Graduate Course.

The dictum of some surgeons that "the appendix must be removed as soon as the diagnosis of appendicitis is made" has not been generally accepted, and deservedly, we do not now hear much about it. A deliberate spelling out of all the clinical features of each individual case is the only true surgical way to decide whether an operation should be done then and there or not. The surgeon sits in judgment on the case, and before giving his fiat in condemnation of the appendix, miserable member though it be, in justice to the safety of the human economy he is in duty bound, as a practical and scientific man, to carefully weigh all the evidence furnished by anatomy, physiology, pathology and experience. It gives surgery a black eye for the patient to take the reins of government of his own case in his own hands, and clearly demonstrate to his friends that he got well from appendicitis and has remained in excellent health for several years, contrary to the advice of the surgeon to operate when the diagnosis was made. While we know that anatomically the appendix can be spared, that its function is insignificant, and that when pathological it is a source of great danger to life, still such instances as these have occurred, no doubt, in practice of everyone here, proving that at least some cases of appendicitis do recover by the expectant plan of treatment. Experience teaches even wise men. Emerson says, however, that few men are ever benefitted by the experience of other men. It is to be hoped that the few men are, and will be, the surgeons in our profession. It is hardly fair to give such prominence to medical appendicitis, without pointing out that all the cases of immediate and apparent permanent recovery do not mean complete recovery. The observation that "one attack of inflammation predisposes to another attack" is as old as the institution of medicine and as true to-day as ever. The vast majority of these cases relapse. It may be months, or it may be years, before the predisposition is tested, but as sure as it is, so sure will it be manifested. In this connection, let me give an exemplary case. Some time ago I was called a distance of over one hundred miles to see a case said to be peritonitis. The man was forty years of age, born in Germany, and by occupation a merchant and farmer in a small town. He had been suffering for over a week, and was in extremis. The pulse was too rapid to count, temperature 105 F., and respirations 60 per minute. The right chest was bulging and dull on percussion, continu-