occurred. The appendix can be removed in this stage without danger.

The suppurative cases might be divided as follows:

1. Gangrenous or perforated appendix with a small amount of pus lying free in the cavity.

2. An abscess below or to the outer side of the cæcum and beneath the anterior parietal peritoneum.

3. An abscess circumscribed around the cæcum either below or to the inner side.

4. Pus diffused through the general peritoneal cavity.

All of these cases will require drainage, and in the first three the general cavity can be thoroughly walled off without any fear of infection.

In cases of appendicitis, associated with diffuse purulent peritonitis, the question of flushing out the abdomen is an important one. Murphy and Deaver hold that it should never be done, while Kelly and others describe complicated technique for its performance. Personally, I have had successful results from both plans of treatment, and do not feel in a position to state which is the correct treatment. In cases where there is a large amount of pus without any lymph or limiting adhesions, I would wash out with normal saline solution. In cases where there are one or more collections of pus more or less walled off, mopping out with sponges and drainage is all that should be done; or where the patient is suffering intensely and showing marked constitutional depression, I would simply open and drain without washing out the cavity. There is no doubt that in many cases where there is a large collection of pus, and it would seem that there was general peritonitis, that really the whole cavity is not involved, especially if the pus is thick, and in these cases washing out would be injurious by spreading infection to the healthy peritoneum.

To sum up then, I have arrived at the following conclusions:

1. In every case of acute appendicitis it is the duty of the physician who first sees the case to ask for a consultation with a surgeon. The responsibility of saying when the operation should be done should rest with the surgeon.

2. Until a positive diagnosis is made and the surgeon sees the case, opium should not be given for the relief of pain.

3. If a surgeon can be had at the beginning of the attack so much the better for the patient, and the operation should be done then. In other words, I very strongly advise in all cases of acute appendicitis immediate operation as soon as the diagnosis is made, unless there is some complication contra indicating it.

4. That in the event of not being able to secure a competent surgeon the patient should be treated by exclusive rectal alimentation. The stomach should first be washed out so as to remove all decomposing matter, then absolutely nothing should