

diate operation is almost invariably preferable to delay, but that it should be as simple as possible, and patients are, as a rule, operated upon within an hour after admission to the hospital. In the appendicular cases the mortality has been gradually reduced from 79%, in 1899, to 14%, in 1908. As only a small proportion of the cases came under observation within forty-eight hours, the results show that rational treatment of advanced cases will save a considerable proportion of them. His method is to deal with the cause of the peritonitis, to make provision for drainage, but not to flush out the peritoneal cavity. He employs Murphy's method of treatment.

The 132 cases due to other causes than appendicitis included five due to tumor perforation, with a mortality of 100%; seventeen due to intestinal perforation, with a mortality of 76.5%; sixteen due to complications of hernia, with a mortality of 87.5%; twenty-three to typhoid perforation, with a mortality of 73.9%; thirteen to perforation of gastric and duodenal ulcer, with a mortality of 46.1%; three to perforation of liver abscess, with a mortality of 66.6%; one fatal case of mesenteric thrombosis; eight due to volvulus and intussusception, with a mortality of 87.5%; twenty-four to lesions of the biliary tract, with a mortality of 66.6%; six to hemorrhagic pancreatitis, with a mortality of 83.3%; twenty to unknown causes, six being moribund, and not operated upon, mortality 70%.

In 1910, Kron collected 1,914 cases from various sources, the average mortality being 42%. On analyzing the statistics, he finds that in 1906 Kümmell reported a mortality of 90%, and in 1910 a mortality of 12%. In 1906, Sonnenburg reported a mortality of 76% in cases reported between 1896 and 1899, and in 1907 a mortality of 41% in cases reported between 1900 and 1907.

At the Congress of French Surgeons, held in Paris in 1911, Hartmann reported 56 cases, operated upon at the Bichat Hospital between 1908 and 1911, 46 being of appendicular origin. Of the appendicular cases, 15 were operated upon within the first thirty-six hours with no mortality; ten during the first forty-eight hours, with a mortality of 10%; 13 in from two to four days, with a mortality of 38.5%, and eight operated upon after the fourth day, with death in every case.

Three cases of gastric or duodenal perforation were operated upon in from six to twelve hours after the onset of symptoms, with recovery in every case. The remaining seven cases, two of which were due to intestinal perforation, three to disease of the uterus or adnexa, one to acute enteritis of the large intestine, and one to