Accumulating experience shows that not once in hundreds of operations in this region does the surgeon find any cause for perityphlitis, or inflammation around that part of the intestine, except as a result of a diseased appendix.

The extreme importance of this organ, and the gravity of its diseased condition, have been recognized and studied nowhere in the world as much as in America—and its treatment perfected by a score of able surgeons.

In England no surgeon has kept more nearly in touch with advanced American work than Sir Frederick Treves, personally an intimate friend of some of our surgeons, and known and admired by all through his writings and visits to America. No one can doubt that he has suffered the greatest anxiety in being forced to delay operating, owing to circumstances over which he had no control—until the abscess matured about the diseased appendix.

If reports are correct, that he simply opened and drained the abscess, using rubber tube and gauze, and desisted from search for the appendix, his action was masterly in its simplicity and correctness. A more ardent, enthusiastic, or fearless operator, might have pursued the matter to its finish and secured an appendix as a trophy, but sacrificed his patient. Science and the people may be congratulated that so conservative a surgeon was in control.

The vexed question as to searching out the appendix in such cases, has been one of many in this great problem—and to-day it stands answered as follows. It does no harm for the time to leave it in the abscess wall, so long as the drainage outward is free. The risk of damage by tearing it out when deeply buried, as often is the case, is too great to be excused when life is at stake. In four out of five cases the appendix has ended its own existence by the explosion, as it were, which produced the abscess, and one frequently finds a ragged remnant of the organ hanging free in the abscess. The age factor in a patient of sixty years, so well cared for as the King, is not so much to be dreaded as the public fears.

The greater lesson to be learned from exhaustive study of the appendices taken out after one or more attacks, and during quiescence, is that an appendix once diseased is always diseased and a perpetual menace to its owner.

The King's appendix must have been diseased for many years, whether it gave evidence of it or not.

Insurance companies now debar the victim of one attack from insurance for two years—and of two or more attacks, until the appendix is out. What better argument of the gravity of the subject?—Abstract *New York Medical Journal*, *Written, June 26th.*