

certainly cause the generalization of the peritoneal infection. There is the less need to discuss the question of the superiority of early or late operation, seeing that we have no proof in the King's case that the appendix was inflamed, but we may be permitted to express our complete approval of the course adopted by His Majesty's medical advisers.

With complete rest on Thursday, Friday and Saturday the King's condition improved, the temperature fell to normal, and he felt better in himself, and the improvement continued during the Sunday so that on Monday His Majesty was able to journey to London by train. Up to Monday, June 23, it had been hoped that care and rest had served the patient so well that the necessity for active surgical treatment had passed away. This was only in accord with the earnest wish of the King, who was extremely anxious to carry out, at whatever pain to himself, the arrangements that had been made. On Monday, however, the probability of the presence of pus in the right iliac fossa was suspected, and on the morning of Tuesday, June 24, it became clear that suppuration had occurred. The iliac swelling was again obvious, the pain had increased, and the temperature was once more elevated. All these signs pointed clearly to the formation of a localized abscess. The danger of delay was great. The formation of pus was evidently proceeding rapidly, and the abscess was extending. In such circumstances the impossibility of sanctioning any attempt at carrying out the coronation ceremony was at once obvious. Nay, more, the necessity for the immediate evacuation of the pus was urgent, for if no outlet for it were provided the far greater danger of general septic peritonitis was imminent, a condition in which surgical interference is too often of small avail. Lord Lister and Sir Thomas Smith agreed that an operation was imperative, and the King gave his assent reluctantly, not because of the pain or the risk to himself, but because he knew the severe disappointment the change of plan would occasion to the many thousands who were assembling in honour of his coronation.

To Sir Frederick Treves was committed the heavy responsibility of performing the operation. An incision was made a short distance above Poupart's ligament on the right side; the wound was steadily deepened, but it was not until it had obtained a depth of some four and a half inches that pus was reached. This was evacuated, and the abscess cavity drained by means of two rubber tubes. By the evacuation