

when operation at the earliest period available does not prevent a fatal termination in these cases.

We have gained much information from operative experience as to how effectually nature does its work in protecting the lives of those thus afflicted. How septic and pus centres are effectually isolated by plastic adhesions, and the septic material directed to points where it can escape with perfect safety to the life of the patient. We have records of iliac abscesses that opened into the bladder and discharged pus and fecal matter with the urine for weeks, and afterwards made a satisfactory recovery without operative assistance. I have noticed that when an inflamed, discolored ulcerated or gangrenous appendix is found in the process of operation, it is usual to assume that nothing but an operation could have saved that patient's life. But how few of such cases die when left to medical treatment and nature?

A view that has received much currency is that, when pus has formed, an immediate operation is imperative. While some few surgeons have been content to simply open the pus cavity and facilitate its drainage, the general practice has been to wash out the cavity and remove the appendix, and several deaths that I have personal knowledge of, have resulted from this practice. This is not in accordance with the best surgical practice to other parts of the body. The washing out of the pleural cavity in empyema is now pretty unanimously condemned by leading surgeons, and no experienced surgeon would think of amputating a limb through an acutely inflamed and suppurating surface. But it is surprising with what assurance some surgeons will lay open an iliac abscess, wash out the cavity, excise the appendix, and then be disappointed when the patient dies.

There can, I believe, be no question of the reliability, according to the returns furnished by our profession, of the death-rates in the Registrar-General's reports, and these establish the fact, which I believe cannot be otherwise accounted for, that the extent to which the surgical treatment has superseded the medical, in recent years, has more than doubled the death-rate from this disease. With such favorable results from medical treatment, surgical treatment might be dispensed with as a routine measure, and held in reserve for exceptional cases only. If it was limited, during the acute stages, to such cases as result in intestinal obstruction, and the opening and drainage of such abscesses as approach the surface, and to the removal of the appendix only during the quiescent period, I cannot but believe that many valuable lives might be saved that are now being sacrificed to the surgical treatment of the disease.