

confusing names, received much attention, yet the leaders of our profession in this particular line of surgery differ greatly in reference to the treatment that should be adopted in many of the manifestations of the disease. Then, so long as the advocates of operative procedures differ from each other, it is no cause for wonderment to find occasionally the physician or surgeon in consultation occupying positions in thought as widely separated as are the poles in space. More study of the interesting little organ and its functions, and more correct data regarding its abnormalities, let us hope, will in a short time enable one of our younger members to throw sufficient light on the subject to clear away the discrepancies that now exist.

I cannot altogether accept the opinion held by some that the appendix has no other place in the human economy than that of a relic of by-gone ages which has refused to comply with the laws of evolution, or that in man it now serves a detrimental rather than a wise purpose. To do so, I must necessarily place them on a very high pedestal indeed, and acknowledge their transcendental wisdom which enables them to suggest improvement in the human constitution.

Is it not feasible to entertain the belief that the glandular and muscular tissues of the organ fulfil a more or less important purpose in the perfect physical condition of man, and that disease of it arises not from imperfection of the part, but through defective knowledge of the laws which govern health?

The term appendicitis in this article is intended to apply only to disease arising in the appendix. The rare forms that may occur in the course of typhoid fever, tuberculosis and cancer of the organ will not receive attention.

Several years ago Treves corrected Gray in regard to the peritoneal investment of the caecum, and proved that in the normal condition it is not only covered by peritoneum, but has a mesentery which allows it considerable freedom of movement. The point is one worthy of more than passing note, for it amply demonstrates that the primary abscess resulting from disease of either appendix or caecum is with few exceptions intraperitoneal, and aids the statement which I wish to emphasize, that the abscess in appendicitis is not invariably situated in or even near the right iliac fossa.

Proportionately the size and situation of the appendix has more latitude than any other organ in the body. Gray describes its diameter as being about that of an ordinary goose-quill, and its length as varying from three to six inches. But it has occasionally been found shorter and frequently much longer. In two cases which I examined lately it measured seven and a half inches in one, and fully ten in the other. The former was attached by a short mesentery to the upper and posterior wall of pelvis with tip touching rectum, but the latter had no mesentery. The appendix is generally placed behind the inner side of caecum with tip directed towards spleen, but it may lie in any other direction. Sometimes it is free excepting proximal end, but generally has a short mesentery. When free and long with normal condition of caecum, the tip may reach any part of the abdominal cavity. When the caecum is not completely invested by peritoneum the appendix may be placed in part or wholly outside the peritoneal cavity, but this condition is extremely uncommon. The organ is often curved in its long axis, and at times has one or more decided bends. Dr. Cameron, of Galt, and myself saw a good illustration of this in the body of an infant which had been murdered a few minutes after birth. There were two decided angles which appeared to be caused by the arrangement of the mesentery. All bends of appendix are not the result of pathological changes.

Appendicitis as a rule attacks the apparently strong and robust of youth and early