

been free from pain and otherwise normal for at least four days. The same practice should be followed after operation.

8. During the beginning of this treatment not even water should be given by mouth, the thirst being quenched by rinsing the mouth with cold water and by the use of small enemata. Later, small sips of very hot water, frequently repeated, may be given, and still later small sips of cold water. There is danger in giving water too freely, and there is great danger in the use of large enemata.

9. All practitioners of medicine and surgery, as well as the general public, should be impressed with the importance of prohibiting the use of cathartics and food by mouth, as well as the use of large enemata, in cases of patients suffering from acute appendicitis.

10. It should be constantly borne in mind that even the slightest amount of liquid food of any kind given by mouth may give rise to dangerous peristalsis.

11. The most convenient form of rectal feeding consists in the use of one ounce of one of the various concentrated liquid predigested foods in the market, dissolved in three ounces of warm normal salt solution, introduced slowly through a soft catheter inserted into the rectum a distance of two or three inches.

12. This form of treatment cannot supplant the operative treatment of acute appendicitis, but it can and should be used to reduce the mortality by changing the class of cases in which the mortality is greatest into another class in which the mortality is very small after operation.

To conclusion 8 are now regularly added the method, introduced by Murphy, of administering a continuous enema of normal salt solution, and, in case of diffuse peritonitis, the Fowler position.

The clearness of statement in these conclusions should be a guarantee against misconception or misunderstanding, and the soundness of the principles upon which they are based should secure for them general recognition.

One misconception relates to the extent to which the treatment applies. Physicians generally seem to assume that the Ochsner treatment refers to fasting and rest, without reference to other phases of the treatment. They fail to note that the second postulate recommends early operation, when practicable, in all cases, and that other postulates cover indications for treatment of the severe as well as the interval cases.

There is no suggestion in these postulates that this treatment