

has a scanty mesentery so attached to both cæcum and ileum that it is easily stretched or twisted when they become distended; it derives its blood-supply through a single vessel, the calibre of which is seriously interfered with or altogether occluded by anything which produces dragging upon the mesentery.

(b) In addition, there is almost always present a micro-organism—the *bacterium coli commune*—capable of great virulence when there is constriction of the appendix or lesions of its mucous coat or of its parietes.

2. The symptoms in a case of mild catarrhal appendicitis—general abdominal pain, umbilical pain, localized pain and tenderness on pressure in the right iliac fossa, vomiting, moderate fever, and slightly-increased pulse-rate—cannot at present with any certainty be distinguished from the symptoms, apparently precisely identical, which mark the onset of a case destined to be of the very gravest type.

3. It must be determined by future experience whether or not operation in every case of appendicitis, as soon as the diagnosis is made, would be attended by a lower mortality than would waiting for more definite symptoms indicating unmistakably the need of operative interference. At present such indication exists in every case if the onset is sudden and the symptoms markedly severe, and whenever in a mild case the symptoms are unrelieved at the end of forty-eight hours, or, *a fortiori*, if at that time they are growing worse.

4. It must be determined by future experience whether cases seen from the third to the sixth day, which present indications of the beginning circumscription of the disease by adhesions, and which tend to the formation of localized abscesses, will do better with immediate operation with the risk of infecting the general peritoneal cavity, or with later operation when the circumscribing wall is stronger and less likely to be broken through. At present, operation is certainly indicated whenever a firm, slowly-forming, well-defined mass in the right iliac fossa is to be felt; or, on the other hand, when a sudden increase in the sharpness and the diffusion of the pain and tenderness points to perforation of the appendix or breaking down of the limiting adhesions.

5. In the beginning of general suppurative peritonitis, operation offers some hope of success. In the presence of general peritonitis with septic paresis of the intestines, operation has thus far been useless.

6. Recurrent appendicitis of mild type, like acute appendicitis, frequently results from digestive derangements. Several attacks may occur followed by entire and permanent recovery, but it is as yet impossible to differentiate these cases accurately from those which do not tend to spontaneous cure. Operation is certainly indicated whenever the attacks are very frequent.

7. Chronic relapsing appendicitis is characterized by the persistence of local symptoms during the intervals and by more or less failure of the general health. It usually indicates operation.

8. In either the recurrent or the chronic relapsing variety, operation should be advised according to the following indications formulated by Treves: whenever (1) the attacks have been very numerous. (2) The attacks are increasing in frequency and severity. (3) The last attack has been so severe as to place the patient's life in considerable danger. (4) The constant relapses have reduced the patient to the condition of a chronic invalid, and have rendered him unfit to follow any occupation. (5) Owing to the persistence of certain local symptoms during the quiescent period, there is a probability that a collection of pus exists in or about the appendix.—*College and Clinical Record*.

TREATMENT OF POTT'S DISEASE.

An interesting and valuable paper on the above subject by Phelps appears in the *Journal of the American Medical Association* for October 27, 1894, in which the following treatment is advised:

In lateral curvature of the spine, effort should be made to develop the muscles of the back by massage and proper gymnastic exercises. The general condition is improved by appropriate food and exercise; and in cases where deviation of the spine amounts to more than half the diameter of the vertebra, a support to prevent absorption of the vertebra at point of curvature is imperatively demanded. In Pott's disease of the spine, however, the principle of treatment is the reverse; it consists in absolute immobilization and extension to the point of comfort to relieve the pressure between the diseased vertebræ.

The plaster-of-Paris corset, or the wood corset with lacings, so that it can be removed at night, are the best forms of brace devised. Aluminum corsets are excellent but expensive. In muscular forms of curvature, corsets with steel stiffening, particularly for young girls, are very satisfactory. These appliances are made while the patient is suspended to the greatest amount possible. This relieves pressure upon the bodies of the vertebræ, and stops absorption. The corsets are removed at night, extension being obtained in the recumbent posture. When the patient is in an upright position, with the corset adjusted, pressure is relieved and absorption must necessarily stop.

In Pott's disease of the spine, the patient is fixed in an apparatus while in the position of suspension, to the point of comfort. The corset which is adjusted is not allowed to be removed; it is put on and permanently worn. The nurse or mother can remove it, which cannot be done with the steel brace. It is worn with comfort, and holding the spine, as