

made, provided it can be made within 56 hours. After that the pathologic conditions are different; the third and fourth day cases are the ones that furnish the mortality statistics. Guerry holds that there is a definite tendency to localization in cases of appendicitis complicated with suppuration; there were 213 cases of this kind in the series; 68 of these were first seen on the third or fourth day of the disease. The pulse in most cases was 135, temperature 104° F., vomiting, distention, pinched features and some delirium were also present. None of these patients was operated on at once, but all were treated according to the Ochsner method, which he thinks is life-saving, at least in the practice of the ordinary surgeon and practitioner. Guerry emphasizes the fact that none of these patients was operated on immediately, and none died. It must, he says, have been genuine insight in Ochsner to recognize that the chief factor in dissemination of the peritoneal infection is the vermicular movement of the small intestine, and that physiologic rest is the rational treatment of the diseased process, thus enabling Nature the chance she seeks to localize the disease. Gastric lavage, also, is rational, as it carries off the regurgitated contents of the small intestine and favors the attainment of physiologic rest of both organs. Guerry does not wish to be considered extreme, but he desires to emphasize the importance of utilizing and aiding the natural forces, and of using surgical discrimination and judgment in these cases. In almost all cases, he operated through the McBurney incision; when drainage is needed, he drains through a stab wound to one side. The rule is to remove the appendix, but there are exceptions to this rule. He believes it better to enter the peritoneal cavity by Ware's modification of McBurney's method, pack off the infected area and remove the diseased tissue. One of his patients who died had renal tuberculosis, and succumbed on the eighth day with post-operative anuria. The other fatal case was that of a child, who had been ill 10 days, and died of a continuation of the peritonitis.

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I wish to inform you of the very happy results obtained from the use of Resinol Ointment and Soap in my own family. An infant daughter of very delicate skin became so badly afflicted with an erythematous intertrigo that several portions of the body were very much inflamed. It seemed to resist all treatment until Resinol Ointment and Soap were used. The results were phenomenal; in a very few days the skin had regained its normality. I shall in the future prescribe the Soap for infant washing in my obstetrical practice, and the Ointment where a soothing and healing ointment is needed.—F. C. Bruce, M.D., Easthampton, Mass.