

When the diagnosis of this condition is positive, a large median incision should be made. The right iliac region should first receive attention. If the appendix is still attached, it should be removed and the stump secured. If the appendix has sloughed off, the intestinal orifice must be closed.

With one hand in the abdomen, a separate opening in this region should be made for special drainage.

Now every portion of the visceral and parietal peritoneum must be cleansed by thorough sponging, which shall remove all inflammatory products and all foreign material. After this is done, every portion of the peritoneal surface must be washed again and again with hot salt solution (6 to 1,000).

If the patient's strength will permit it, the intestines should be systematically, coil by coil, washed outside of the abdomen.

The work *should* be done thoroughly ; but it *must* be done rapidly, for these patients are always in a bad condition.

Often you will be obliged to be incomplete in your work to avoid death on the table.

After the cleansing is accomplished, gauze packing should be used so as to drain the entire abdominal cavity.

Enough suturing should be done to prevent escape of the intestines into the dressings.

A very large dressing must be applied externally ; this should be changed in a few hours.

In these cases opium is called for to relieve the pain and as a stimulant against shock. A full dose should be given before operation.

Acting in the main on the principles set forth in this paper, I have been operating in cases of appendicitis during the last eight years. Of five cases with general peritonitis I have lost three patients.

I have lost no other patient with appendicitis.

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