arises. One naturally turns to the writings of well known surgical authors for light, and while many state that the appendix should always be looked for, found and removed, and the operation completed, other writers of equal or greater experience, would be satisfied to drain the abscess cavity, and to do nothing more. Treves in his recently published System of Surgery says: "The abscess should be opened and drained. It should not be scraped and it is of no avail to make search for the appendix."

Maurice H. Richardson, who wrote the article on Surgery of the Abdomen in Park's Surgery by American Authors, says: "In cases of abscess incised through strong adhesions, the operator should be satisfied with simple drainage when the appendix is not easily accessible." Compared with Mr. Treves this statement of Richardson is considerably modified and guarded.

McBurney advises against the breaking down of adhesions indiscriminately, in search for the appendix for fear of infecting the general peritoneal cavity.

In view of the difference of opinion among operators, one is driven to closer study and more careful observation of his own cases. There seem to be two objections to searching for a hidden appendix in the wall of a foul abscess cavity. One is that it is unnecessary and the other that the peritoneal cavity will be exposed to infection thereby. As to the first, it may be said that the patient generally recovers when the appendix is left behind, often promptly: sometimes only after a tedious convalescence, and occasionally, the recovery is followed by a relapse. The possible infection of the peritoneal cavity is a matter of graver importance. The search for the appendix generally means the breaking down of the limiting adhesions, and the exposure of the peritoneal cavity to infection. In hospital practice, a surgeon should be able to do this without infecting the peritoneum. This has been my practice in recent acute cases, and so far I have never known infection of the peritoneal cavity to follow. It is difficult to attain this perfection of technic in private houses, and probably an operator who only does this operation once or twice a year would do more wisely to stay his hand and simply drain, but I feel quite sure that in hospitals, cases are saved by this procedure that would otherwise be lost. The appendix can not be considered alone. The operator must have regard to the tissues that form the abscess wall. The abscess wall is often formed partly by a portion of the omentum, rich in veins and lymphatics along which infection may spread. Again the wall may be partly formed by mesentery, and when the foul abscess contents are