

tion of rest, rather than to excite peristalsis. Now that the stercoral origin of appendicitis has been abandoned, there is no sound reason for purgation. In some cases the symptoms disappear after a purge, but these are cases of an irritation of the cæcum from fæcal matter rather than true appendicitis.

Dr. A. J. Ochsner, of Chicago, has formulated the rules for the medical treatment of this disease in a very clear and definite form. His rules are:—

1. In all cases of acute appendicitis, without regard to the treatment contemplated, the administration of food and cathartics by the mouth should be absolutely prohibited, and large enemata should never be given.

2. In cases of nausea or vomiting, or gaseous distention of the abdomen, gastric lavage should be employed.

3. In cases coming under treatment after the infection has extended beyond the tissues of the appendix, especially in the presence of beginning diffuse peritonitis, the foregoing conclusions should always be employed until the patient's condition makes operative interference safe.

4. In case no operation is performed neither nourishment nor cathartics should be given by mouth until the patient has been free from pain and otherwise normal for at least four days.

5. 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.

6. All practitioners and the general public should be impressed with the necessity of prohibiting the use of cathartics, food, large enemata, and liquids.

7. The most convenient form of rectal feeding consists in the use of one ounce of one of the various concentrated liquid pre-digested 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 to three inches.

The foregoing opinions from the highest authorities—and these could be indefinitely multiplied—go to show a very close unanimity of thought on the principal points in the medical treatment of acute appendicitis. They may all be summed up thus:—

1. Absolute rest in bed until all the symptoms have subsided for some days.

2. The withdrawal of all food by mouth and the severest restriction on liquids swallowed.