relief of suffering humanity. I refer to the case of Dr. Bruce, of Toronto, who had for some time been surgeon on the *Empress of India*, on the Canadian Pacific Railway's fleet of palatial white steamers plying between Vancouver and the Orient. Dr. Bruce severed his connection with the *Empress* on her last trip, with the intention of going to England to continue his studies in Medicine. Prior to his departure, he was given valuable presentations from every department of the ship, not excepting the Chinese stewards and stokers. He left here on Sunday, July 29th, and was carried from the ship to the train on the shoulders of four stalwart members of the crew. Every man who could leave the ship was at the station to see him off, and the Chinese burned no less than one million firecrackers in order to drive all bad luck away from his journey. Two long strings of crackers were quietly tied to the end of the last car, and just as the wheels started to turn, the fuses were lighted, and the doctor bowed his good-bye amid a shower of sparks and a tremendous racket. It is said of Dr. Bruce that he never hesitated in answering a call, night or day, calm or storm, and he made no exception whether the person suffering was the captain or a cabin boy. Jack Tar is evidently able to appreciate honesty of purpose, and we noticed strong men, on whose cheeks were burned the effects of twenty years at sea, shed manly tears as the train pulled out. God speed Dr. Bruce in his studies, say we.

Prince Edward Island.

DR. R. MACNEILL, Associate Editor for Prince Edward Island.

NOTES ON APPENDICITIS.*

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The treatment of appendicitis has called forth more contributions to medical literature than any other subject in recent years. On no other question are such widely different views entertained, on which there still exists so much uncertainty and so much difference of opinion among the best teachers of the day.

The rules which govern the treatment of strangulated hernia are exact and well defined.

In affections of the vermiform appendix it is usually difficult and sometimes impossible to accurately determine the real pathological condition of the affected tissues, and the probable outcome of the morbid process is often more or less a matter of conjecture. On this variety of pathological change in the affected parts depends the character of the treatment most appropriate to each case.

Comparatively a newly recognized disease, it has, by the frequency of its occurrence and its acknowledged fatality, usurped a prominent place among the diseases that modern surgery has been called upon to combat.

No well defined or settled mode of treatment has as yet been evolved from a multitude of different views and opinions held by men of equal prominence and authority.

There are some who advise operating on all cases of appendicitis; others who condemn all surgical interference, and, happily, I may say, a third class, who hold a just medium between the two extremes, and who advocate operative intervention in such cases only as are deemed suitable.

It is a well established fact that disease of the appendix is the most frequent cause of peritonitis in man, and that this latter affection is rarely, if ever, idiopathic in its origin.

Although generally located in the right iliac fossa, the appendix may be found in almost any part of the abdominal cavity, being displaced and fixed by adhesions.

The most convenient classification to my mind of the different forms of appendicitis is suggested by a Dr. Irish in the *Annals of Gynæcology and Pediatry*, of this year. He divides the disease into three classes, as follows:

1st. Inflammation of the appendix without perforation;

2nd. Appendicitis with perforation; the septic focus being walled off from the general cavity by agglutinated coils of intestines and lymph deposit;

3rd. Appendicitis with perforation not walled off, and in which the general abdominal cavity is invaded by septic peritonitis.

The 1st class of cases usually gets well with or without medical treatment, leaving a tendency to recurrence at some later period.

The 2nd class requires surgical intervention in

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