

the treatment which were very widely quoted in medical journals. Greater prominence was given to his method when he presented it in his Chairman's address before the Section-on-Surgery at the Fifty-second Annual Meeting of the American Medical Association at St. Paul in 1901. He deserves great credit for systematizing the results of his own observation and experience, for calling attention to the admirable protection which nature affords the appendix by its anatomical surroundings, and for the danger occasioned by peristaltic motion in the small intestine. In his second paper he described (a) the attempt on the part of nature to close the ileo-cecal valve to prevent the passage of the intestinal contents into the inflamed area, (b) the movement of folds of the omentum toward and around a seat of injury, (c) the increased peristalsis occasioned on the introduction of food into the stomach, (d) the exudate and new formation thrown out by the peritoneum to wall off the inflamed appendix, (e) the harmful influence which cathartics exert by disturbing the inflamed tissues, and by carrying infectious material to other parts of the peritoneal cavity, (f) the toxic character of stomach contents, and (g) the danger of operation at the acme of septic intoxication.

We may best describe the treatment by giving his conclusions or postulates:

1. Patients suffering from chronic recurrent appendicitis should be operated upon during the interval.

2. Patients suffering from acute appendicitis should be operated upon as soon as the diagnosis is made, provided they come under treatment while the infectious material is still confined to the appendix, if a competent surgeon is available.

3. Aside from insuring a low mortality, this will prevent all serious complications.

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

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

6. In cases coming under treatment after the infection has extended beyond the tissues of the appendix, especially in the presence of beginning diffuse peritonitis, fasting and gastric lavage should always be employed until the patient's condition makes operative intervention safe.

7. In case no operation is performed, neither nourishment nor cathartics should be given by mouth until the patient has