

I remember some time ago reading an article by an experienced surgeon, recommending "operate early (before sepsis begins), so the operation may not be an autopsy."

Keen says: "No cases in surgery saving, perhaps, hæmorrhage from large wounded vessels, require more prompt interference" (surgical).

Surgeons who not long since advocated waiting three or four days before operating, now concede that operation is determined by presence of pus in region of appendix. We shall next see upheld the rule of operating as soon as a positive diagnosis of appendicitis can be made, that is, when there is undoubted circumscribed peritonitis.

The tendency of the treatment of such cases at the present day lies decidedly in a just appreciation of the benefits permanently derived from surgical interference, and so soon as the profession generally and the public at large recognize this, so soon shall we attain a scientific solution of appendical treatment, and our statistics show a lowered mortality from appendicitis.

RADICAL CURE OF HERNIA WITH A REPORT OF SEVENTEEN CASES OF OPERATION.

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The radical cure of hernia has within the last fifteen or twenty years been a question of great interest and seems to have been steadily gaining ground, for as statistics continue to multiply, it is shown that the operation when carefully performed is not very dangerous to life, and in a large percentage of the cases the cure remains permanent, even after many years. The fact that the disease often relapses is now pretty well realized by surgeons who have had any experience in operating, but this constitutes no valid objection against surgical interference, for this is commonly the case in the majority of operations. Unfortunately for us the pioneers in this branch of operative surgery have so far been unable to formulate rules as to which cases should be operated upon and which let alone, neither have they satisfactorily explained why certain cases succeed, and others fail. The cause is doubtless hard to