

for cancer of the pylorus, or of one of the curvatures have not been very frequent. The typical cases which a surgeon would desire are not those most frequently met with; and the differential diagnosis of each is not always easy, yet surgery has achieved much in this direction. The liver also has been frequently visited, abscesses opened and gall stones removed; and with attention to cleanliness in every detail, exposure of the abdominal cavity to the air seems not to be attended with great risk. To this feeling of apparent safety in entering the abdominal cavity may be attributed, no doubt, the performance of operations better left untouched. Within the later years of the period under consideration, Sir William said a new disease had sprung up, rare indeed, on the other side of the Atlantic, but comparatively frequent here, and in an epidemic form in some parts of the United States. He alluded to appendicitis, a disease which made many persons uneasy lest they might be the subjects of it and others almost pleased that they were the subjects of that somewhat fashionable malady. There is no denying that the disease is not uncommon, and there is no denying that surgical operations are performed frequently. To his hospital, in the past few years have been brought a large number of cases, but in by far the larger number, he did not think it advisable to operate, sometimes even when solicited to do so by the medical attendant. Yet in one instance only had he been disposed to doubt the wisdom of not having operated. In certain cases he would unhesitatingly operate. In those cases in which he did not operate, and they were a large majority, the early and satisfactory recovery of the patient satisfied him that he was right in withholding the knife. When an attack was acute, his usual plan was not to operate at first, but to confine his attention to diminishing the severity of the inflammation. But in recurrent attacks each one becoming more severe, he used the knife unhesitatingly. When an abscess formed, he opened it, but was satisfied with merely opening it, and did not deem it advisable to grope in all directions for the appendix, opening up the adhesions with which nature had walled off the peritoneal cavity. The abscess was opened freely, washed out gently with carbolized water, and packed lightly with carbolized or iodoform gauze. He could not recall a single instance where a case treated in this way had not done well. When, however, the abscess was not walled in (a comparatively rare condition in his experience) and when the appendix was found floating freely in pus, it was his custom to remove it. In this department of surgery, he was glad to find that surgeons had recently changed their views very markedly, and had come to the conclusion not to meddle too much with an abscess cavity. This to him was a matter