

ance, which together with severe pains in the legs permanently disappeared soon after the spine was properly supported, with speedy and marked improvement in the patient's health. An early diagnosis can often be made before the appearance of pain or deformity, from spinal stiffness, shown in the attitude and movements, the tendency to lean on chairs and tables or upon the mother's lap for support, the careful shuffling gait, failing health and nocturnal restlessness. At this stage the happiest results follow thorough treatment, for half-way measures taken with the idea that the trouble will disappear in a few weeks are of no avail, even in the earliest stages. The symptoms will temporarily subside, as indeed they frequently do for a time without treatment, only to reappear later with increased intensity, unless the spine is efficiently and persistently supported.

It should never be forgotten in the treatment of these cases that an apparatus is intended to be an aid in the general and local hygiene of the patient, who should be under constant supervision and regulation, and such changes made in the mechanical appliance and other elements of management as the progress of the case may demand.

SOME POINTS IN THE SURGICAL TREATMENT OF APPENDICITIS.

A paper read in the Section on General Surgery of the Pan-American Medical Congress held at Washington, D.C., September, 1893, by AUGUSTUS P. CLARKE, A.M., M.D., of Cambridge, Mass., U.S.A.

Recent experiences of surgeons as well as of the general practitioner have most materially changed the teachings of the earlier views respecting the treatment of appendicitis. In those cases in which the inflammation of the appendix is of a minor degree, it may be overcome by an expectant method.

Undoubtedly the larger proportion of the cases involving the additamentum coli is of this lesser grade. Such cases often arise from the presence of bacteria or bacilli, which have gained admission into the tissues in immediate connection with the intestinal tract. The symptoms occurring may be characterized by pain or tenderness, by moderate distension, marked constipation, and by disturbance of the constitution generally. Under favorable circumstances, or by rest and by the application of heat and by the administration of gentle laxatives the symptoms may subside, without exciting any grave apprehensions on the part of the patient or on the part of those who are in attendance. After intervals more or less remote there is liable to occur, from various causes, a recrudescence of the inflammation. Not unfrequently after the lapse of some few days the disease may take on retrograde processes; in other instances, it may become so intensified as to demand prompt surgical interference for the patient's recovery. From a careful study of the histories of cases coming under my observation during a number of years past, and also from learning in many instances the final results, I feel that it is not unsafe to say that in every case in which there is reason to believe that the vermiform appendix is involved, however mild or transient the symptoms may at first appear, the surgeon or medical attendant should be on careful watch for sudden surprises or for untoward results. There is great probability in almost any event that the appendix during an attack of inflammation will become adherent to other parts in the immediate vicinity. In a case of laparotomy to which I was called for the removal of diseased uterine appendages, I found that the vermiform appendix had become adherent to the tube and to the ovary of the right side. The appendix caeci was thickened and also indurated as the result of inflam-