twelve hours. Peptonized milk in small quantity after twelve hours, if there is no nausea or vomiting.

Patient should be kept quiet on his back for four days.

Enema of soap and water every day ; if there is much tympanites, turpentine should be added.

The outside dressing should be removed at the end of twenty-four hours, and changed as often after that as it becomes saturated.

The packing should not be removed until the fifth day—that is, on the fourth day after operation.

This needs be done as carefully as the operation itself. Retractors should be used and the wound well opened.

Then the gauze should be removed from the tumor cavity. This should be thoroughly cleaned by dry sponging. No fluids should be used. Now this cavity should be carefully repacked, and then the protecting pads should be gently separated from the adhesions they have caused and new pieces substituted.

After this the wound should be dressed every third day. Soon a single packing will be sufficient, and this should be reduced in size at each dressing. The patient should be kept on fluid diet for one or two weeks, and be kept in bed until the wound is healed to a narrow sinus, which it will be in from three to five weeks. When the patient gets up he should wear an elastic binder for one year to prevent hernia.

No drug treatment will be needed. I insist on my rule concerning morphine. These patients will be comfortable and free from pain if they have not been reinfected at the operation, unless the case were already one of progressing peritonitis.

Third. Chronic cases with persisting sinus. Of this operation I shall write briefly. I make an oval incision which shall include the sinus ; the next step is to enter the general peritoneal cavity at some point free from adhesions. Now the intraperitoneal dissection is begun, and the mass containing the sinus is slowly separated and pushed outward, while the healthy intestines are pushed toward the median line, and ample gauze packing is interposed. The sinus will usually lead to a diseased appendix.

The entire diseased mass should be dissected and removed without opening the sinus or appendix, except, of course, when the latter is amputated.

The appendix stump should be closed by Dawbarn's method, and if the wound has not been subjected to contamination it may be closed by suture. If there be any doubt about this, it should be packed and drained.

Fourth. Operation in fulminating appendicitis, with rupture or perforation of appendix, with general peritoneal involvement.

This operation must accomplish removal of the appendix and of all infective material and the cleansing toilet of the entire peritonaeum.