

from causes arising during the tentative period. Such deaths will generally be from rupture into the peritoneal cavity of an undetected abscess or from sudden development of diffuse suppurative peritonitis. If the plan of treatment here suggested be adopted, it only remains to consider the best means of carrying it out. The cases in which immediate and early operation is imperative are those of a fulminating character, in which the symptoms develop suddenly and violently, and progress with great rapidity towards general purulent peritonitis. These cases are generally due to sudden perforation or to gangrene of the appendix, and they constitute but a small proportion of the cases. I believe they will all die without operation, and that some of them will recover if operated on without delay.

The great majority of cases are not of this violent character, and if confined to bed, deprived entirely of food, local applications of ice or of hot fomentations be made and the bowels freely moved by calomel and castor oil or saline purgatives, the acute symptoms will be relieved and convalescence begin. Opiates and antipyretics obscure the symptoms, and leave the medical man in doubt as to the progress of the disease. The former constipates the bowels also, while the various drugs for reducing the fever depress the heart and lower the vitality. If the pain be absolutely unbearable a hypodermic of morphine may have to be given, but at the same time no effort should be spared to have the bowels freely moved. When salines or castor oil cannot be retained on the stomach a solution of two ounces of sulphate of magnesia used as an enema, and repeated every two or three hours, will often succeed in producing free catharsis.

For relief of pain Deaver recommends assafoetida suppositories, and for persistent vomiting a small blister just below the lower end of the sternum. Blistering or any other form of counter-irritation over the appendix that destroys the integrity of the skin should be avoided because they are useless, and they interfere with operation, should that become necessary before the raw surface has healed. These measures, if resorted to early in an attack, will in the great majority of cases bring about a subsistence of the acute symptoms, and lead to a condition favorable for operation at a later period. If not followed by relief in twenty-four or forty-eight hours, and the case becomes more threatening, operation may become necessary without further delay. If the disease occurs in persons suffering from grave constitutional ailments, such as tuberculosis, diabetes, advanced Bright's disease, etc., operation should not be undertaken if it can be possibly avoided. Peritoneum that has been recently inflamed becomes immune to a surprising degree, and on this account will bear the exposure and manipulation incident to operation far better than normal peritoneal tissue. For this reason