the time for operation. Do not give calomel and salts or any purgative, as the peristalsis thus produced will aggravate the condition.

In most cases occurring in a city or town where there is a hospital, it is best to remove the patient into the hospital, as some hours would be lost in preparing a room in the patient's house. I have frequently operated upon patients in the hospital two hours after seeing them in their homes, and in several cases as early as one hour after. I am satisfied that moving the patients carefully in an ambulance does them no harm. If perforation has occurred and pus has formed, and one is doubtful if it is walled off, the patient should be sent to the hospital in the sitting posture, as recommended by Fowler.

Now, as to the actual operation. The incision which I have found most useful is one through the sheath of the right rectus muscle, at a little distance from the outer border, with separation of the muscular fibres. This incision has two advantages: first, it is less likely than any other, unless McBurney's, to result in a hernia; secondly, if one requires more room, it can readily be extended upwards or downwards. When one opens through the peritoneum, if pus is found apparently free in the cavity, it should first be mopped out with gauze before making any further investigation. This is done so that if the pus be limited and localized, there will be no risk of spreading it. I have many times found pus lying free in the abdominal cavity around the appendix, without any limiting adhesions, and looking just as if it had been poured in, and that if the patient turned on the left side, it would gravitate in that direction. By mopping this up with pieces of gauze all the pus can be removed and drainage provided, and the general peritoneal cavity shut off by aseptic or iodoform gauze. If diffuse septic peritonitis is already present, we will open, wash out with normal saline (or not, as we think best), remove the appendix, and put in a drain; also a second drain above the pubis. The treatment of septic peritonitis will be fully discussed in a set paper, so I will not dwell upon it here.

When in doubt as to the condition of the appendix, it is well after opening the peritoneum to wall off the general peritoneal cavity with gauze sponges or pieces of gauze, so as to limit the field of operation to the region of the cæcum and appendix. Then, if there be a mass, in opening it and searching for the appendix if one suddenly comes upon pus, it will be caught in the gauze without distributing it throughout the general peritoneal cavity. This is a most important step in all operations for acute appendicitis, and I would consider any one guilty of neglect who did not take this simple precaution.

Next, the mass should be approached from the outer side, insinuating a finger down toward the situation of the appendix.