

In every case the signs should be carefully watched for the necessity of an operation, as the medical treatment should never be continued too long, if the case is not improving. The first 48 hours is the period of election for early operation.

Drs. Howard A. Kelly and E. Hurdon in their work on the vermiform appendix lay down the medical treatment briefly in the following manner:—

The first step is to put the patient to bed and enjoin absolute rest in the dorsal position. There should be a rigorous regulation of diet, medication and treatment in general, which can be best carried out under a trained nurse.

Next in importance to the general rest of the body comes local rest to the alimentary tract; and with this end in view all food should be withheld. This lessens peristalsis and the risk of suppuration and rupture. If there be undigested food in the stomach, it may be washed out with normal saline solution. Sips of iced water, cold tea, or hot water, may be allowed to allay the thirst or to rinse the mouth.

Ice applied over the right iliac fossa is recommended. It should be put in a rubber bag in small pieces and spread out so as to cover the required area without being too heavy. Menthol locally applied will relieve pain, and poultices, sprinkled with tincture of opium, may be applied over the abdomen.

“The treatment of the bowels constitutes the crux of the subject to-day.” The treatment by opium and purgatives is reviewed, and the authors sum up the matter thus: The opium treatment should be begun with just enough to relieve the pain, either in the form of morphine hypodermically or $\frac{1}{4}$ to $\frac{1}{2}$ -grain opium by the mouth. This treatment quiets the bowels and favors the formation of adhesions. It should be kept up for several days and until all symptoms have subsided and general improvement has taken place. “After complete subsidence of the symptoms, the bowels should be unloaded by small oil enemata, or by calomel or castor oil given by the mouth.” The administration of strong salines or large enemata are dangerous and should be discontinued. “Only enough opium should be given to produce quiescence, the pupils being watched.” Too much opium obscures the symptoms.

“With improvement, both local and general, small quantities of food may be given by the mouth, beginning with albumen and water, a little cold coffee or tea. Small nutrient enemata may be given even in the midst of the attack, and continued until convalescence.”

Dr. William Russell, of the Royal Infirmary, of Edinburgh, in an address before the Edinburgh Medico-Chirurgical Society, after cover-