

be disease of the appendix ; it might be gall stones, perhaps only adhesions. I made an exploratory incision, cutting down on the right outer edge of the rectus. I started my incision from a line drawn from the umbilicus to the crest of the ilium, upwards for two inches. This enabled me to reach up to the liver, explore the gall bladder, the stomach, the kidney, and also downwards to the cæcum. There were no gall stones or any adhesion or abnormal condition of the stomach and intestines. The appendix, however, was twisted, adherent and strictured at its junction with the cæcum. I increased the incision downwards for half an inch and removed the appendix. He made an ideal recovery ; all his symptoms have disappeared, and I am fully convinced that all his trouble originated from catarrhal appendicitis, although there was no McBurney's point or any marked pain in the region of the appendix.

Two months ago, a lady, aged 45, was sent to me from Lower Ontario, who had obscure abdominal trouble. She was suspected of having ovarian and tubal trouble, but on careful examination I could find no trouble of the generative organs. The trouble seemed to originate from some point around the liver and duodenum. Her history strongly pointed to the possibility of gall stones. I made an exploratory operation and found extensive adhesion of the intestine to the liver and the abdominal wall ; no organic trouble whatever, and no gall stones. These adhesions were carefully separated, sprinkled with aristol to prevent re-adhesion, and the abdominal incision closed with a tier of Kangaroo sutures. She made an ideal recovery, and the wonderful improvement in her condition was marked before she left the hospital. In this case I made an incision at the right outer edge of the rectus just below the ribs, the kind we ordinarily make when operating for gall stones.

Another case to illustrate this case was a patient who came to me from an interior town of the state, with stomach trouble. He had been to Southern France, the Engadine of Switzerland, and had drunk the waters of Carlsbad, all without benefit. He had a pain just below the ensiform cartilage, and more or less digestive troubles, sometimes vomiting. He had had his gastric

juices examined and the stomach washed out, used electricity, and had taken gallons of medicine, but steadily became weaker. I carefully examined him, but could find absolutely nothing requiring surgical interference, so dismissed him. He took another trip to Europe, visiting various medical centers, and returned home, becoming rapidly worse, with vomiting, and died. Post mortem examination was made and revealed stricture of the pyloric end of the stomach. It was not malignant, I am informed, and I have no doubt if I had had the courage and proposed an operation he would gladly have accepted it. I could have made a re-section or a gastro-enterostomy, and I verily believe he would have been well and living to-day. We are all cowards sometimes and this case has taught me a good lesson. Hereafter such cases will be subject to exploratory celiotomy. Even if nothing is found, there is no loss and the patient at least has the assurance that there is no organic trouble.

Years ago an old friend of mine was ailing and was treated by many physicians and also called on me. I made the most careful, repeated examinations, but could not diagnose the trouble, and in those days the students called me a crank on differential diagnosis. His urine was repeatedly and carefully examined, but nothing could be found abnormal, although the normal constituents varied at different times. All his trouble was attributed to the stomach and the liver. After ten years he died. I made a postmortem and found in each kidney an immense stone shaped like the pelvis. That was the only thing that could be found. If I had such a case to-day I would make an exploratory abdominal section, and in a few minutes would know that he had no organic trouble of the stomach or liver, but had a stone in the kidney which could be removed.

These few cases I just relate as illustrations. I could increase the number, but there is no need of it, as I simply want to call your attention to the fact that there are many complicated, obscure abdominal troubles which do not yield to medical treatment, but which can be relieved by surgical means.

You ask me to give the indications. The above cases indicate the kind, I would say ; all those