

decrease greatly during the first twelve hours, and will almost completely disappear in twenty-four hours. The pulse becomes slower and firmer and more regular, the breathing deeper, and the patient's general appearance improves to an astonishing extent. If the temperature was high, it will go below 1008 F. the first twenty-four hours, and in three days it will be practically normal. The abdominal muscles will become soft as soon as the stomach contents have been removed by gastric lavage. Usually the improvement is so rapid that one is tempted to spoil everything by giving nourishment by mouth, because the patient's condition does not seem serious enough to warrant such severe measures.

That this form of treatment, which I have employed since 1892, at first only in selected cases, and later more and more generally, is really of great value, is shown by clinical results. My mortality in cases of perforative or gangrenous appendicitis, with beginning diffuse peritonitis, is less than one-fourth as high as it was in the cases operated at once upon making the diagnosis, and even in advanced cases of diffuse peritonitis there has been a marked decrease in the mortality in my experience. It might be said that these cases were not due to perforated or gangrenous appendicitis, but that they were simply severe catarrhal cases, which are known to result favourably under any form of treatment. To this I would respond that I have later removed the appendices in many of these cases, and have almost invariably demonstrated the correctness of the diagnosis.

In my statistics I utilize only the cases which I have operated in the Augustana Hospital, because of these I have full and accurate records, while of those operated in other hospitals and in private homes my records are not accurate, because there the patients and assistants are not so completely under my control. From January 1st, 1898, to May 1st, 1901, I have operated in this hospital upon 565 appendicitis cases, which I have divided into three groups: (1), those who entered the hospital suffering from diffuse peritonitis; (2), those who entered the hospital suffering from gangrenous or perforative appendicitis, and (3), those who entered the hospital suffering from recurrent appendicitis in the interval between attacks, or at the beginning of a recurrent attack when the infectious material was still confined to the appendix. Of the first class I treated 18 cases, with 10 deaths, 55.5 per cent. mortality; of the second class I operated 179 cases, with 9 deaths, 5 per cent. mortality; of the third class I