

one corner of the stump a number of waxed linen or silk threads; some were on small vessels, others on large, and the surgeon making his rounds looked at the stump and pulled at one or other of these threads to see if they had ulcerated sufficiently to come away! Very often with the ligature came a gush of blood. This secondary hemorrhage required the re-opening of the stump and the vessel secured, no easy matter with the instruments then in use and in a suppurating granulation surface. Sir James Y. Simpson, to do away with ligatures and their dangers, introduced what he called acupressure, a method to compress arteries by means of metallic needles introduced in various ways. At the same time Lister began to cut both ends of his ligatures short and leave them to their fate buried in the tissues; this was before he introduced absorbable ligatures of catgut. Although good results were obtained from acupressure, and many cases of healing by first intention were reported, yet Lister's ligatures won the day and soon Simpson's method passed away and is now quite forgotten.

Abdominal operations are now as safe as any other major cases and our knowledge of germs, how to control their evil effects and to prevent their invasion, makes most operations in surgery comparatively without much risk. Appendicitis, or inflammation of the bowels as it was called, was thought to be a rare disease and was not considered at all surgical. The common medical term was typhlitis, with peri—or para—as additions. It was thought to commence in the cellular tissue around the cecum or typhlus, or cecus. In a short time our greater knowledge of pathology properly placed the blame on the appendix. Operations were then rarely performed, except for peri-typhlitic abscess. At first operations were never undertaken unless pus was found by the exploring needle, and the search for the appendix was always a matter of difficulty. The first twelve cases I operated on all died, because I was only called in to operate when the physician thought he could do no more; then the surgeon was the *dernier ressort*. At this time diagnosis was not easy and appendicitis was often mistaken for typhoid. It seems absurd now to know with what difficulty physicians and surgeons diagnosed this disease and then only after many anxious and serious consultations, whilst now every man and child in the street could make a diagnosis from a verbal description of the case. But so it is, and what is difficult and obscure in one generation often becomes simple and clear in the next.