

The after treatment of these cases is very simple—*i. e.*, fluid diet for four days ; enema daily ; stitches removed on the seventh day ; first dressing removed on seventh day ; patient up and well on ninth to fourteenth day.

I never have a patient wear an abdominal supporter unless the wound has necessarily been unusually long.

Second. Operation for acute, suppurative, or gangrenous appendicitis with local peritonitis, with or without peri-appendicular abscess,

After the above described preparation of the patient and operation field an incision is made similar to the one above described, but it must be extended at each end, and should be at least four inches in length.

The external oblique is opened by blunt dissection ; the rest of the layers should be clean cut, and care should be taken not to separate one layer of the wall from another. If the aponeurosis and fascia are stripped bare they are very apt to slough, and thus leave a weak wall.

The essential part of this operation consists in the intra-peritoneal work in searching for and treating the abscess, if one exists, and in searching for and dealing with the appendix if there be no abscess.

The most important thing of all is the protection of the uninvaded peritonæum. This requires the exercise of sound judgment to determine how much to do, and of knowledge and skill to do it properly.

As soon as the peritonæum is opened sponge packing should be begun.

Throughout the operation this must be done in such a manner that no infected tissue nor disease product can come in contact with healthy peritonæum.

The first assistant must take entire charge of this.

When all the open spaces around the mass of adhesions have been completely closed by dry gauze pads, the wound should be well retracted and the tumor gently entered by separating adhesions and by blunt dissection. When an abscess is reached I make a pin-hole opening, and at once prevent the escape of pus by pressure of a small sponge held in an artery clamp. After a minute the sponge is replaced by a clean one and the pus is removed drop by drop, all of it being absorbed by these sponges and none of it allowed to escape into the wound.

After pressure is sufficiently reduced by emptying the abscess, the opening is gradually enlarged, and finally the cavity can be thoroughly sponged out.

Now it should be freely opened and its interior disinfected with hydrogen peroxide. The size of the abscess will depend upon the duration of the disease.

Its walls are composed of adherent intestines thickly