beggar in the street. His has been a fine and sweet life, nevertheless. His is a stout and gentle heart. We can pray for him as lovingly as though he were a neighbor. What more, in his extremity, could befall the proudest autocrat in all the world?"

CRITICISM FROM BOSTON.

Many American surgeons of the largest experience believe that all cases of appendicitis should be operated upon by the immediate and invariable removal of the appendix. In a case of localized abscess they would never content themselves with simple drainage. Simple drainage in appendicular abscess of long standing and of firm adhesions seems to us, however, the safer and the more reasonable procedure, removal of the appendix being reserved until after the restoration to perfect health. We therefore heartily approve the choice of operation made by the surgeons of the King.

We know but few of the facts in the King's case. We are, however, sure that in a mild attack of undoubted appendicitis which was progressing favorably in a man of sixty, with large abdomen and thick abdominal wall, of unfavorable general condition, we should insist upon the most conservative course of treatment. Even if we knew beforehand that such a patient had an appendix which was to certain degree pathological, we should hesitate a long time before subjecting him to a prophylactic operation. In a case like that of King Edward's, after recovery from the palliative operation, we should long hesitate before advising appendectomy, even if everything was as favorable for that operation as circumstances would admit, hoping either that no occasion for surgical intervention would arise, or, if it should, that the appendix might then be removed in the very beginning of the attack.

It must, we think, be admitted that under no course of treatment, except removal of the appendix in the very beginning, could this particular case have pursued a more favorable course. Indeed, an operation in the increasing stage, when the adhesions were fragile, could hardly have failed to contaminate extensively the peritoneal cavity. Infections of an abdominal cavity loaded with omental and mesenteric fat, in a patient past middle life and of impaired resistance, is, in our opinion, a calamity to be avoided whenever possible, and especially when the disease, constitutionally and locally, is progressing favorably. From all that we can learn of King Edward's case, an operation, had the diagnosis of appendicitis been clear, would have been indicated in the very beginning of the attack, even if that beginning was a mild one; or at any time during the attack, if the symptoms were severe; or when, after progressing favorably, they showed the least unfavorable sign; and, finally, whenever there was positive evidence of a localized abscess,