4. A split rubber tube containing iodoform gauze, or a cigarette drain, should be put down to the bottom of the pelvis through a suprapubic opening, as well as a cigarette drain to the site of the primary lesion. In many cases it will be sufficient to pass a cigarette drain or split tube through the appendicular incision, with or without a small cigarette drain passed to the site of the appendix. The rubber tube should be removed at the end of forty-eight hours, and its place taken by a piece of iodoform gauze an inch wide.

5. The patient should be placed in the Fowler position as soon as a diagnosis of acute appendicitis or perforation is made, should retain this position until the operation is performed, and after operation until all danger is over, that is to say for a period of from four days to a week.

6. Proctolysis is of great value, and should always be used by the continuous drop method of Murphy.

7. Gastric lavage at the time of operation, and if vomiting is troublesome it should be repeated.

8. The administration of physostigmine, 1/50 grain every two hours for three doses, and then every four hours until the bowels move, seems to be of value.

9. In regard to morphine after operation, my rule is to allow a single dose of 1/6 to 1/4 grain if the pain is severe, which is not to be repeated. Many cases get on without any morphia at all, and from my own observation I am quite convinced that the employment of frequent doses of morphia in these cases increases the tendency to intestinal paresis and obstruction. The most troublesome cases are those in which the attending physician has ordered repeated doses of morphia. I know that many surgeons do employ morphia in repeated doses after operation, and claim that it has not only produced no ill effect, but has been beneficial, but this is contrary to my experience.

10. The morning after operation I order a 1-2-3 enema (i.e., an enema consisting of 1 oz. of glycerine, 2 oz. of magnesium sulphate, and 3 oz. of water). This enema is repeated every morning for the first five or six days, and usually no purgative is given until the end of this time, when calomel, followed by a saline or a dose of castor oil, is given. If distension is troublesome, a rectal tube is inserted, and left in for some hours.

11. If symptoms of mechanical obstruction appear, immediate operation should be performed, without wasting time in giving enemata which are ineffectual.