

most convenient, especially in cases where the diagnosis is as plain as in the one just related ; besides being the most suitable for examining the condition of the cæcum and appendix, the lateral incision is much the most favorable for after drainage. Some surgeons advise that in excision of the appendix the peritoneum should be dissected away and sewed over the end of the cut tube. I see no special advantage in this procedure, and, besides, it is only practicable in a few cases ; when the peritoneum is so altered by inflammatory action, as is usually the case, no such plan could be carried out. In this case the appendix was removed so close up to the cæcum that even if the peritoneum had been normal a flap of it could not have been removed. Omental grafting, as recommended by Dr. Senn in wounds of the intestines, might be a useful and practicable proceeding. The situation of the ulcer in this case was unusual ; it is generally situated at some distance from the cæcal junction, most frequently near the apex. No concretion was found.

This case was successful because early operation was performed and symptoms of general peritonitis were not waited for. In fact, to treat such cases on the expectant plan is obsolete and bad surgery ; a very few may get well, but the great majority will perish, and perish rapidly. Again, this case, from its history of repeated previous attacks and its not very rapid course, was one which was eminently favorable to operation. Where the appendix is curled up beneath the cæcum, the diseased area is usually separated from the general peritoneal cavity by a boundary of inflammatory tissue, and this is the time operation should be undertaken. Should the disease go on, the abscess may either present in the iliac fossa, rupture into the peritoneal cavity, or, if the pus be pent up, it may cause death by septicæmia. The cases which have a previous history of attacks of appendicitis should be operated on without hesitation early ; the danger of early operation is not great, and the patient is permanently relieved from a condition which will, sooner or later, cause his death. Such cases are advised to be operated on between the attacks and the appendix removed. Mr. Treves of London and Dr. McBurney of New York have