

any such case, nor have I even thought of doing so; an incision is an infinitely safer procedure.

On page 936 of "Allbutt's System of Medicine," the author states: "In one or two instances the removal of the appendix on account of the nature of the adhesions was found to be impossible." No doubt cases occur when this may be the case; they should be, however, extremely exceptional. With the exception of the parietal abscess cases, in which cases the consensus of opinion is in favor of leaving the appendix untouched, I have removed the appendix in all my operations, including 29 interim cases. In my opinion, if it is possible to find any part of the appendix by opening up the peritoneal coat, it is possible to strip out the appendix proper, no matter what the nature of the adhesions. This simple procedure has extricated me from every difficulty of this kind which I have encountered.

On page 931 of the same work the author emphasizes the necessity of attending to the digestive organs and state of the teeth as a means of warding off relapsing appendicitis; to use his own words, "In many instances I have known a set of false teeth to bring a case of relapsing perityphlitis to a favorable ending, the patients having had no further attacks." I confess by no stretch of the imagination can I understand how any such means can prove curative of stricture of the lumen of the appendix, which I have found to be the most frequent condition in causing the disease in question. Neither can I understand how such means can get rid of (masticate?) an enterolith confined in the organ.

Concerning the term, "perityphlitis," by which the author elects to designate the disease, to apply the term of "perihepatitis" to cholelithiasis is about as accurate.

The chief aim of a medical man when a patient comes to him with a disease, I imagine is, if possible, to rid such person of his or her ailment; the only means of doing this in the present instance is, without doubt, the removal of the diseased and useless organ; that this can be done safely my list of cases demonstrates.

The chief defect of the articles in question, and of very many written on this subject, is the terrible uncertainty of the advice as to when operation should be performed—one author advocating surgical interference in the presence of such and such symptoms and conditions, and the next writer advising operation under other circumstances, no uniformity of opinion existing. Such a condition of things is fraught with danger—it is a condition of doubt, uncertainty and chaos. No such comment, at any rate, can be made with regard to what is advocated in this paper; my advice has certainly the merit of simplicity, and to have plain and