with silk, wound closed with continuous silk suture. Patient had considerable pain after operation. Temperature did not rise above 100° until eight days after operation when it went as high as 101°. On the next two days it reached as high as 103½°. It then dropped and remained normal. Wound was not touched until seventh day when it was found nicely healed. Stitches were removed on 11th day after operation. Patient made a good recovery. Was discharged November 14th, 1894.

You will notice that the case is a typical one of appendiceal disease. It followed the usual course of recurring appendicitis, the attacks increasing in severity. There was nothing about the operation or the subsequent history calling for remark. The rise of temperature on the 8th, 9th, and 10th days was somewhat disturbing and not easily accounted for. On looking at the specimen you will notice that beyond some thickening there is no special evidence of disease. This I have noticed in many of the appendices I have seen removed, even in cases where as in this one repeated and unmistakeable attacks of the disease had occurred.

In such instances one is apt to feel that the organ was not sufficiently diseased to require removal, but extended experience has shown that an appendix once diseased is always a source of danger, and although the evidence of disease may not be very visible, still inflammatory action is very easily lighted up again and the new attack occurs.

As to the operation itself I need say little, as it is now so fully described in text books and so commonly witnessed by any one visiting the large hospitals abroad. It may, however, be of interest to speak of the plan introduced of late by Dr. McBurney, perhaps the best authority on this disease in America, and which I saw him put in practice several times a few weeks since at the Roosevelt Hospital, New York.

The novelty consists in the method he adopted of preventing the possibility of the occurrence of hernia at the abdominal cicatrix, instead of making an incision directly through all the abdominal tissues. In same line he makes first an incision in the usual situation through the skin, then with scissors he incises the fascia. Next, instead of *cutting* through the muscular structures he makes an opening by separating between the fibres of the external oblique muscle having these held apart by retractors he finds the internal oblique and separates the fibres of this running as you know in a different