

seen from a medical, and as seen from a surgical, standpoint. Probably this will continue so for some time, though I doubt not but that in the near future the medical treatment of this trouble will be narrowed down to the physician's diagnosis of appendicitis, and that *the* treatment, the removal of the diseased organ, will be relegated to the surgeon.

We know not, when a case appears before us, whether it will prove simple and succumb to abortive treatment, or whether it may not assume serious proportions and threaten the life of our patient. Should we not, then, look for more scientific treatment than the old waiting policy; and what treatment more successful than that which statistics have shown has given, in the hands of our able surgeons, a minimum mortality: that of early removal of the appendix when trouble is diagnosed there.

Regarding the present status of medicinal treatment, the consensus of opinion is for rest; opium to allay pain; ice applications to seat of trouble, and daily warm water enemata. This is practically the treatment advocated by Dr. Osler in his recent work on the practice of medicine. In addition to this I have found the patient derive marked comfort, and much benefit in the majority of my cases, from cold baths or cold sponging two or three times daily, with water at about 50° to 60° F. If, under this treatment, the symptoms subside in the course of 36 hours, the symptomatic treatment is persevered in, but if, on the contrary, the inflammatory process is progressive, operative interference is demanded.

Dr. Bridges, of Chicago, admirably sums up this line of treatment as follows:—

“Reliance on medical treatment is justifiable in acute inflammations in the cæcal region (*i.e.*, appendicitis, perityphlitis, or typhlitis) of moderate severity, in the absence of strong evidence of perforation, abscess, peritonitis, or marked tender induration lasting two or three days without some sign of decrease, and at high temperature, either continuous or recurring, rapid weak pulse, or rapid anxious respiration. But we can never know when a catastrophe is to occur, even in an ap-